VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
5100	CERTIFICATE	OF DEATH	11277

		5	122	CERT	IFICAT	E OF DEATH			Reg. Dist.		
1. [	LACE OF DEATH	WICOMICO		MAR	YLAND 2.	O. STATE DELAWAL		d. If institution b. COUNTY	SUSS		dmission)
	o. CITY OR TOWN ( RURAL and give n	If autide corporate limi earest town) SALISBURY	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF or	utside corporate I	imits, write RU	JRAL and giv	e nearest	town)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g 227 BROAD S				d. STREET ADDRESS 5th STRI	eet				S RESIDENCE ON A FARM? ES NO
	NAME OF DECEASED Type or print)	Fit	st ETHEL	MILL		Lost BATLEY	4. DATE OF DEATH A	PRIL 8	h	Day	Year 19 60
5. S	EMATE.	6. COLOR OR RACE	7. MARRIE	DIVORCE		V. 19, 1882	9. At lo	GE (In years st birthday) yrs.			UNDER 24 HR
10a	USUAL OCCUPATION during most of wor housewi	king life, even if retired		wn home	OR INDUSTRY	DBLAWARE	or foreign country	)	USA	EN OF W	HAT COUNT
		NOWN			1	4. MOTHER'S MAIDEN N. UNI	KNOWN				
	WAS DECEASED EVE no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		OCIAL SECURITY NO		rmant VA G. OLIPH	ANT, BRO	Address AD ST,		BURY	, MD.
	PART I. DEA	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ca	for (o), (b), and (c)	1 Eu	balisin	ر			ONSET	AL BETWEEN AND DEATH
	Canditions, if a	iny, which ) (b	Ca	rmay	Art	en Dra	eare	ے د	(3.5 mg		
NOI	lying cause last.  PART II. OT	. (c		DITRIBUTING TO DE	Cless EATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CON	NDITION GIVE	EN IN PART I	(o) 19. V	VAS AUTOPS
CERTIFICATION	20a. ACCIDENT WAR	AS UNDERLYING CONTROL	20b. DESCR	RIBE HOW INJURY C	OCCURRED. (E	nter noture of injury in P	ort I ar Part II of	item 18.)			s No
MEDICAL	20c. TIME OF INJUI Hour a. gr. p. m.	RY Month, Day, Ye	20d. INJ While at work	Not while		OF INJURY (Home, farm, , street, affice bldg., etc.)		own)	(Cod	inty)	(Stot
	21. I certify the alive on	afril 8	deceased, 19	/	e 24 death oc	curred at 11:454	M, from the LODRESS (Street, V. N.	causes a	nd on the	date s	the decea stated abo DATE SIGN
22-	PHYSICIAN'S NAME (Type)	ARRIE	HE	ARN		Su	lister	rky.	may		
I	REMOVAL (Specify)		OF The state of th	ODD FELLO		ÆTERY	22d. LOCATION LAURI	EL, DEI	AWARE		(State)
73.	FUNERAL DIRECTOR	Wille	per.	ADDRESS Federalsb	urg, M	arylandate API	BY REGISTRAR		trar's sign		

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The state of				7)
		THE PERSON NAMED OF STREET		3/42/
	LOW A HAM A STATE AS A STATE OF THE STATE OF			
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VS A1S (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 185115 5199 CERTIFICATE OF DEATH

	UI	40	CEIVIIII	CAIL	, DEAT			Reg. Dist. I	No.	
1. PLACE OF DEATH o. COUNTY	romico		MARYLAN	O ST			d lived. If institution b. COUNTY	Worces		ision)
b. CITY OR TOWN	(If outside corporate limits,	write c. LE	NGTH OF STAY IN	lb c. Cl1	Y OR TOWN (IF	outside corpo	rote limits, write RI	JRAL ond give	nearest tow	n)
SALIS BIL	RU (		23days		St. Ma	arting		ć	23x	2
OR INSTITUTION	/ 1 /	street oddres	1/ 1	d. ST	REET ADDRESS				ON	SIDENCE A FARM?
TEDINSWI	- A Gener	TL H	LOSPITAL				XX		YES	] NO []
3. NAME OF DECEASED (Type or print)	DELLA First		Middle	Bak	Lost	4. DATE OF DEATH	APRIL	th 2.	Doy 3	Yeor 1960
S. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	B. DATE C	F BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UND	ER 24 HRS
Female	11.1	VIDOWED [	DIVORCED		19, 1	1880	lost birthdoy) 79 yrs.	Months Day	ys Hours	Min.
during most of wor	ON (Give kind of work do rking life, even if retired)			NDUSTRY 11.	IRTHPLACE (Stote	e or foreign c	ountry)	12. CITIZEN	OF WHAT	COUNTRY
	ework	0	wn home		Maryl				JSA_	
13. FATHER'S NAME				14. MO	THER'S MAIDEN	NAME				
	Unknown				Joseph	ine E				
1S. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FORCE (If yes, give wor or dates of servi		AL SECURITY NO.	INFORMAN	IT .		Addr	ess		
				Irs. M	anie Ra	vne	Willard	s. Md.		
18. CAUSE OF DEA	ATH [Enter only one cous	e per line-for		0	- 1 -	1/	111		NTERVAL B	
PART I. DE	ATH WAS CAUSED BY:	len	Terior	clere	tec 1	Heary	Alexen	u C	ONSET AND	
	DUE TO				1		0			
Conditions, if a	ony which )	100	Mian	1 (di	Veres	mal	a serva			
gove rise to	immediate	100)	10 Vally							
lying couse lost.			0							
_	, (c)_	TIONIC CONTR	URUTUUR TO BEATH	DUT NOT DELA	TED TO THE TED	IN IAI DISEAS	- COMPITION ON	(5) 1 4) 1 D 4 D 7 3/	110 14/45	ALITORCY
CATIC	HER SIGNIFICANT CONDI	HONS CONTR	IBUTING TO DEATH	BUI NOT KELA	TED TO THE TERM	NINAL DISEAS	E CONDITION GIV	EN IN PART 1(c	PERFO	ORMED?
THE EITHER, NOTIFY	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE	HOW INJURY OCCU	IRRED. (Enter n	ature of injury in	Port I or Por	t II of item 18.)			1
Y 20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Year 19	20d. INJURY While I of work C	Not while_		JURY (Home, for t, office bldg., et		or town)	(Coun	nty)	(Stote
21 I cartify th	hat I attended the d	lacensed fr	am 3/3/	1	960. ta	4/23	3 1060	that I last s	aw the	dococio
	4/2/2	107/02			1 24	71.				
alive an	77-1-1-1	, 14 60	, and that de	ath accurre	10 0/ L 3		the causes and			TE SIGNE
ACTUAL V	1 / /	1			6.0. 1	MDDKE33 (3	reer, city or lown,	STOTE)	1/12	10/
SIGNATURE	and for	reller	ne	M.D.	cceso	why	Park	ague	420,	176
PHYSICIAN'S NAME (Type)						1/		U		
220. BURIAL, CREMATIC	1 1 1 1	22c.	NAME OF CEMETER	Y OR CREMAT	ORY	22d. LOCA	TION (City, town, o	or county)	(Sto	ote)
Burlal	4/26/60	1	Dale			Whal	eyville			111111
23 FUNEDATORRECTOR	Whaley	Sel	MADRESS PLANTING	2) 20		PR 27		strar's signa ritur 8. H		
			The same		-					

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VS A1S (4) 15M 9/SB

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M)	-

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5124

**CERTIFICATE OF DEATH** 

Reg. 85 1.15

)   '	o. COUNTY	emico	MARYLAN		o. STATE	/here deceased lived. If institut b. COUNTY			sian)
	b. CITY OR TOWN (I	f outside corporate limits, wri	te c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corporote limits, write f	RURAL ond gi	ve nearest tow	n)
	SALIS	4 . 4 . 4			Selbyvi	lle		46	X-3
	d. NAME OF HOSPIT	AL (If nat in hospital, give str	eet address)		d. STREET ADDRESS				SIDENCE A FARM?
	TENIN.	SULA GENER	RAL		Church	St.			NON
3	NAME OF DECEASED	First	Middle		/Last	4. DATE Mor	nth	Day	Year
	(Type or print)	SALLIE	M.	L	DAKER	DEATH HPRI	L 1.	/	1960
S	. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. D	ATE OF BIRTH	9. AGE (In years		YEAR IF UND	
	TEMALE	WHITE WIDE	OWED DIVORCED	J	an 31, 18	76 last birthday) 84 yrs.	Months D	Poys Hours	Min.
1	Oa. USUAL OCCUPATIO	ON (Give kind of work done 1 king life, even if retired)	0b. KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZE	EN OF WHAT	COUNTRY?
	Housew:	ife	Own home		Delawa	re	U	ISA	
1:	3. FATHER'S NAME			1.	. MOTHER'S MAIDEN	NAME			
	Char	les Henry Lo	ong		Henriett	a Murray			
1	5. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	INFO	RMANT	Add	dress		
l'	xx	XX	xx	Mrs	. J. Conn	Scott Selby	ville	e, Del	
	18. CAUSE OF DEA	TH [Enter only one couse pe	er line for (o), (b), and (c).]					INTERVAL BE	ETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Murra Dial D	ula	- Lina			DI RO	
	1420	DUE TO	0						
	Conditions, if a	ny, which ) (b)	anter insels	rote	& C.V.	Dis.		5	
	gove rise to it								
	lying couse lost.	(c)							
1	PART II. OTH		NS CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART	1(a) 19. WAS	AUTOPSY DRMED?
TAT	5	/	Ime.						NO
MOITA DISTER	20a. ACCIDENT WA	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCU	JRRED. (E	nter nature of injury in	Port I ar Part II of item 1B.)		11.74	
		MEDICAL EXAMINER)							- 5
MEDICAL	20c. TIME OF INJUR		d. INJURY OCCURRED 20e	e. PLACE foctory	OF INJURY (Home, for street, office bldg., et	m, 20f. (City or town)	(Co	ounty)	(Stote)
277	p. m.		work ot work				I DATE		
	21. I certify th	at I attended the dece	eased fram // AP	ril	, 1960, ta	11 April , 1960	that I last	saw the c	deceased
	alive an //	April 1	960, and that de	eath ac	curred at 11 40	M, fram the causes ar			
	0		00			ADDRESS (Street, city or town,			TE SIGNED
	SIGNATURE	sech (tita	unly	M.D.	707	Camden t	IVE. X	1 4-1	11-60
	PHYSICIAN'S	1							
	NAME (Type)								
2		N, 22b. DATE THEREOF	22c. NAME OF CEMETER		EMATORY	22d. LOCATION (City, town,		(Sto	te)
L	BANAT (Spicify)	4/14/60	Red Mer	1		Selbyville,	, Del.		
2	B. FUNERAL DIRECTOR	SGNATURE	ADDRESS 71				ISTRAR'S SIGN		
	Tiller /	Thaley &	Mayrelle	10	LL DATE	APR 1 3 '60 C	Irthun S.	Thatta	

4 20.1 THE WALL CONTE Alde en land and any mention Printer the territory of the state of the k - yet 1 k A - 2 - 1 miles Section of the sectio He Holm tillendler Cal.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

5170 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Wicomico b. COUNTY Maryland Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give regrest town) Parsonsburg Parsonsburg . IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? R.D.# 2 YES NO NAME OF First Middle DATE Month Day DECEASED OF DEATH CLIPTON APRIT 19 60 WILT.IAM BEDSWORTH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 6 birthday) Menths White Male March 12,1893 WIDOWED [ DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Employee-7 Bottleing Plant Snow Hill. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kate Phillips Jerrome Bedsworth Mrs. Ella W. Bedsworth (W1fe)R.D. #2Zion Rd 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes, no, or Parsonsburg. Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TX 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) nature of injury in Port I or Part II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter MEDICAL 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. m Not while of work of work 21. I certify that I attended the deceased fram 1960 \_\_\_,that I last saw the deceased and that death accurred at MAM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S Dr. Ernest M. Larmore Delmar, Delaware 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Apr. 27, 1960 Wicomico Mem. Park Salisbury, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 27 '60 HOLLOWAY & COMPANY SALISBURY MARYLAND

FUNERAL I page 10 VS A15 (4) 15M 9/58

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DIRECTOR:

onlant.le 4-20.0 THE TAX AND ADDRESS OF THE PARTY OF THE PART Are Lynn, it is the deal of the first of the least of ngivila broke Wirels 550 and Vision TERRETER THOSE PROPERTY STATES OF THE STATES Energy of the Minerian Daniel Street, 1986 ORANGAM KIU BATAMI, YAA 170 LA YAMDA OR

s after death. Page 4

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

. 5110

		51	25	CERTIF	ICAI	E OF DEATI	Н	1 4 1	U	01-	()	
1. PLAC a. C	CE OF DEATH OUNTY Wi	comico		MARY	(LAND	2. USUAL RESIDENCE (Vo. STATE Maryl		ed lived. If instituti b. COUNTY		ence before		sion)
	URAL and give ne Salisb	f autside carporate limi arest tawn)	its, write	1,396 da		c. CITY OR TOWN (I		orate limits, write R Vienna, N			arest taw	n) X
d. N		AL (If not in hospitol, g		oddress)	al	d. STREET ADDRESS						FARM?
	ME OF EASED e ar print)	Firv.		Middle Joshu		Lost Bennett	4. DATE OF DEATH	Mon Apri		10	-,	Year 19 60
S. SEX	Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRII		9/21/1872		9. AGE (In years last birthday) 87 yrs.	Manths Manths	Days	Haurs	Min.
du	Retired	ing life, even if retired	dane 10b.	Ferm	OR INDUST	RY 11. BIRTHPLACE (SIG	ıd	cauntry)	12. CI	TIZEN O US		COUNTRY
	Joshua J	. Bennett				Georgi	anna K	eys				
		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO Unlcnown	). 17, <b>INF</b>	ORMANT Deer's	Head	HospitaTo	Reco	rds		
9	anditions, if a ave rise to its ause (a), stating ring cause last.	mmediate (	) ))	Bronchopn	eumon	ia					7 da	ys
CERTIFICATION 300 300 300 300	4.72	Left hemi	olegi	a		NOT RELATED TO THE TER			VEN IN PA	ART 1(a)	19. WAS PERFO YES	DRMED?
-	ECONTRIBUTING EITHER, NOTIFY	IS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Day, Ye		NJURY OCCURRED  Not while	20e. PLAC	(Enter nature of injury in the control of the contr	ırm,   20f. (Ci	ty ar tawn)		(Caunty)	)	(State
220	I certify that we the decease of SIGNATURE of PHYSICIANS NAME (Type)	1./ 14	Lil	awry	that de	ath accurred at	Med.	April 10 the causes are STAFF PHYS. 2	nd an tl	he date	22 /11/	SIGNE
RE	JRIAL, CREMATIO MOVAL (Specify)		of 3,196	23c. NAME OF CEM	ETERY OR Cemet	CREMATORY	23d. LOC	ATION (City, town, enna, Mar	ar caunty	)	(Sta	te)
24. FUN	J. Fram	+ nd 5	on	ADDRESS F.	edera	0 0	APR 1 4		Istrar's			

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, may be fined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Postone State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after a TO HOSP VR A15 (4) 15M 9/59

MATERIAL COALLE 

# **DEUNEXACTOR:** After this certificate has been signed by the attending physician and completely filled to be funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. ours ofter death. Page 4 AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPIT TO FUNE

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1 tem 8 FilmG264 6-3-60 et

CERTIFICATE OF DEATH 5171

11.5119 Reg. Dist. No.

1. PLACE OF DEATH	omico	MARYLANI		DENCE (Where decea	sed lived. If institut b. COUNTY	rion: Residence be	
b. CITY OR TOWN (I	f outside corporate limits, v carest town)	c. LENGTH OF STAY IN 11	11	TOWN (If outside con larptown		RURAL and give n	learest tawn)
OR INSTITUTION	AL (If not in hospital, give te & Nanti		/ d. STREET A	te & Nant	tickke S	ts.	e. IS RESIDENCE ON A FARM?Y YES NO
3. NAME OF DECEASED (Type or print)	William	Mathews	Benne t t	4. DATE OF DEAT	April Mo	nth 6	Pay Year 60
5. SEX	White w	MARRIED NEVER MARRIED DIVORCED DIVORCED	Oct 10	7877	last (Sittliday)	Manths Days	AR IF UNDER 24 HRS. Haurs Min.
Anish Light of Oak	N (Give kind of work done ipg life even if retired)	10b. KIND OF BUSINESS OR IN		ACE (State or foreign		12. CITIZEN U •	OF WHAT COUNTRY
John H.	Bennett			E. Conl	.ey		
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES If yes, give wor or dates of service		Nelli	e Bennet		town, N	nd.
Conditions, if ar gave rise to in cause (a), stating thing couse last.  PART II. OTH	he under-	ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO	) THE TERMINAL DISE/	ase condition giv	VEN IN PART 1(a)	PERFORMED?
	MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR					YES NO
ZOC. TIME OF INJURY Hour a. j p. m.		20d. INJURY OCCURRED 20e. While Nat while at work at warts	factory, street, office	Hame, farm, a bldg., etc.)	ity or town)	(Caunty	r) (State)
21. I certify the alive on ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	at, attended the de	10. 11. 1	th occurred at	5 a _ M, fro	om the causes of (Street, city or town,	and on the d	saw the decease ate stated above DATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify) BUDIA	April 8	22c. NAME OF CEMETERY			ation (City, town, rptown,		(Stote)
23. FUNERAL DIRECTOR'S	V //	ADDRESS		24a. REC'D BY REGI		STRAR'S SIGNATU	JRE

4 **	HIARO TO THE	CERTIFICA	1216
	CONTRACTOR OF THE PARTY AND IN COLUMN TO THE PAR	cumin	Man opport
	A STATE OF THE STA		
			OTEN SHEAT AND ADDRESS OF THE STREET
	200		
	AND SECTION AND SECTION		
		a sunta	Little Committee
		Common Co	
	TOTAL SEC. TOTAL SEC. SEC. SEC. SEC. SEC. SEC. SEC. SEC.	233874 23 23 NT (3017)	

b. COUNTY

last birthday)

24a. REC'D BY REGISTRAR

Month

Address

Manths

Worcester

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED? YES NO

(Stote)

(Stote)

Doys

USA

(County)

18 1, that I last sow the deceased

24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

ON A FARM?

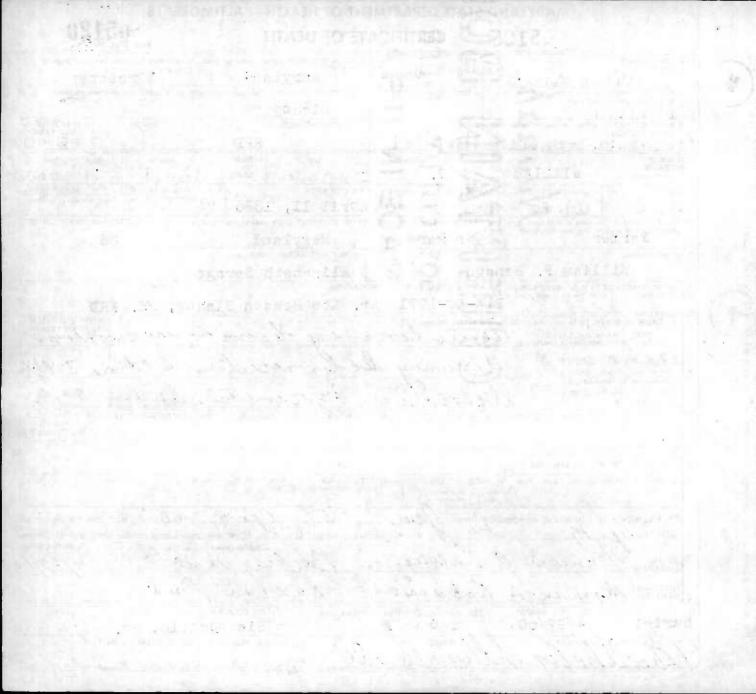
YES P NO

Yeor

1960

TO FUNERAL poge

VS A15 (4) 1SM 9/S8



TO HOSP to RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yrs after death. Page 4 may be used by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs ofter death. s after death. Page 4 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24.

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

5121

1. PLACE OF DEATH OF COUNTY WICOMICO		MARYLAND	2. USUAL RESII o. STATE Mary	PENCE (Where decease	ed lived. If institution b. COUNTY		fare admission)
b. CITY OR TOWN RURAL ond give Salisbur		c. LENGTH OF STAY IN 16		OWN (If outside corp.	orote limits, write R	URAL ond give n	earest fown)
d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in hospital, give str		d. STREET A	DDRESS	None		e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	First John	Middle	Black	OF	Mon Apj		9, 1960
5. SEX Male	9.7	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT	- 81	9. AGE (In years last bythdoy) O yrs.	Months Days	Hours Mi
Farm La  13. FATHER'S NAME	orking life, even if retired)	0b. KIND OF BUSINESS OR INDU None	Ma 14. MOTHER'S	ACE (State or foreign  ITYLAND  MAIDEN NAME  MATY FERGU		U.S	•A•
	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. I		er's Head	Add		bury, Md
Conditions, if gave rise to couse (o), stotir lying couse los	ony, which immediate on the under to the und	oronary Thrombos teriosclerotic ( rteriosclerosis ns CONTRIBUTING TO DEATH BU	Cardiovas General				Years ? Years ?  19. was autof Performed Yes   No
20a. ACCIDENT OR CONTRIBUTIN (IF EITHER, NOTI	NG CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Year N. 10		ED. (Enter noture of LACE OF INJURY of octory, street, officer	Home, form, 20f. (Ci	ty or town)	(Count	у) (St
21. I certify to saw the dece 22a. SIGNATURE	hat (I) (this hospital) atteased alive an April	ended the deceased fram.  9, 19,60, and that		d at 200P, from	the causes ar		
22c. PHYSICIAN'S NAME (Type	Dr. Verner J	23c. NAME OF CEMETERY	Dee	r's Head St	ATION (City, town,	or county)	(State)
24. FUNERAL DIRECTO		Union  ADDRESS  LENSLOZO,	ncl.	250. REC'D BY REGI	100	ISTRAR'S SIGNAT	

VR A15 (4) 1SM 9/S9

15720 CONTRACTOR OF STATE O July of the managed to recent and Mean of Lieborn, confirm 

VS. A15ME(5) 5M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5129 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

7. PLACE OF DEATH a. COUNTY	III a awi a		MARY	rLAND .	2. USUAL RES		here decess	ed lived. If it	INTY	dence bef		ission)
b. CITY OR TOWN H	Wiconic outside corporate fimils, write		c. LENGTH OF STAY		c CITY OF	2200		oorate limits, v	-			wn)
and give nearest town		• nonne	C. CENOIII OF SIAI		V		1000	_	_	and great		.,
	sbury				^ -		sbur	y R	ıral		T. 10 01	CIDENCE
d. NAME OF HOSPITA	AL OR INSTITUTION (	It not in ho	spital, give street addre	58)	d. STREET						ON	A FARM?
509 I	louglas R	oad			5	09 Do	ougla	s Road	i		YES [	NO [
3. NAME OF DECEASED	Fir	at	Middle		Las	1	4. DATE	N	ionth	Day	Y	ear
(Type or print)	Henry		Clinton		Brown		DEATH	4.		1-	60	9
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D   8.	DATE OF BIRTH	1		9. AGE  In year		R TYEAR		ER 24 HRS.
M	W	WIDOWE	DIVORCED		7-1	-1888	3	77	rrs. Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N Give kind of work	done 10b. I	KIND OF BUSINESS OR	INDUST	Y 11. BIRTHPL	ACE (State o	ar fareign c	ountry)	12. C	ITIZEN O	F WHAT	COUNTRY?
Retired H	-	-N	orfolk Na	777 5	Ship Y	bra	Glou	ceste	c Co.	Va.		US
13. FATHER'S NAME	mithTolog	174	OI I OIII ING		14. MOTHER'S							
	)					4-1 4	and dwh	Hon				
Joseph I		acrea la	COCINE CECHNITY NO	129 M	Ann	a yur	xtr to hitz	- 0				
Yes, no, or unknown)	If yes, give wer or dates of		SOCIAL SECURITY NO.			, ,	, D		lress CO	o D.	7	- na
No				-				own-S	on-50			
	TH [Enter only one cau				alisbu		Md.			ONSE	ET AND DE	EEN ATH
PART 1. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	B <sub>1</sub>	ullet wou	nd (	of bra	in				S	udd	en
971	X DUE TO											
Conditions, if o												
gave rise to immed	liate cause								1 1 1 1 1			
(a), stating the couse last.		65-335-										
	) (c)		ONTRIBUTING TO DEAT	LI BUIT AT	OT BELATED TO	THE TERM	NIAI DICEAS	E COMPITION	CIVENLINI	DT 1/-> 1	24144	VZBOTILL
PART II. OIF	EK SIGNIFICANI CON	DITIONS CO	JAIKIBUTING TO DEAT	H BUI N	OI KELATED IC	) THE TERMIT	MALDISEAS	E CONDITION	GIVEN IN PA		PERFO	RMED?
3				10 Die							YES 🗌	NO I
PART II. OTH	ISE WAS		E HOW INJURY OCCU							-		
			bt self i					th 22	pisto	L.		
20c. TIME OF INJUI		or 20d.	INJURY OCCURRED 2	Oe. PLAC	E OF INJURY	Hame, form,	20f. (City	or tawn)	(0	County)		(State)
Hour a.m.	PM II-TIS	60 While	e Nat while ark at work		n yard		Sal	Lisbur	y Wic	omic	00	Md.
		-	remoins describe					nspection			-	find that
		_	_		_/		Page 1	-			, ond	rina inai
deoth resulted	from: Natural	causes L	, Accident	, Suice	ide [4], H	Iomicide	∐, U	ndetermine	d conse [			
		K_									DATE S	LIGNED
SIGNATURE		1	yel -		M.D. CHIEF	MEDICAL EX	AMINER [				DAIL	MOTICE
					ASSISTA	NT MEDICA	L EXAMINE	R				
EXAMINER'S NAME (Type)	Earl L.	. Roy	er, M.D.		DEPUTY	MEDICAL E	XAMINER	\$	4-3-6	0		
220. BURIAL, CREMATIC	N, 22b. DATE THEREC		22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCA	TION (City, to	wn, or county	)	(Stat	e)
REMOVAL (Specify)	7 4 4	_	Forest :	Law	Ceme			rfolk				17
23. FUNERAL DIRECTOR		1,00	ADDRESS		2 0000		BY REGIST		EGISTRAR'S	2		
HOLLOWAY		v c	ALISBURY	MAPI	ZLAND			60	Chillian .			
HOLLOWAL	or CUITAN	T DI	TUNGCTUT	rinn.	חוזעודו	DATE AP	PH 4	00	Comment.	A. , , , , , , , , , , , , , , , , , , ,		

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called Market Wiles	100		64795124	
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THE RESERVE OF THE PERSON OF T	TA SECTION	Lew Edge Co		
No cole year at a				
	Section 1. Section			
	LANCE OF THE PARTY		E. Halama	

# 5129

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 129 Items 7,8 & 9 Film G262 5/16/60 iwk CERTIFICATE OF DEATH

65123

Reg. Dist. No.

_						
	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W	Where deceosed lived. If in	nstitution: Residence bef	ore admission)
	Wicomieo	MARYLAND	MAR	YLAND	SOMER	SETV
	<ul> <li>b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, v	write RURAL and give no	earest town)
	SALISRURY	1 DAYS	RURAL	- Pocomo	OKE CITY	
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	et oddress)	d. STREET ADDRESS		18V-2	e. IS RESIDENCE ON A FARM?
	PENINSULA GENERAL	HOSPITAL	R.F.D.	1	101-00	YES NO
	3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month D	lay Year
	(Type or print) MAMIE	h.	BYRD	DEATH AP	RIL 2	3 1960
	5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birth	years IF UNDER 1 YEA idoy) Months Doys	R IF UNDER 24 HRS. Hours Min.
	FINALE	WED X DIVORCED	March 3, 18	375 85	yrs.	110013
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stot	e or foreign country)	12. CITIZEN C	F WHAT COUNTRY?
	HOUSEWIFE		MARY	YLAND	US	5.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Н	WILLIAM T. LAMI	BERTSON	MARY	E. REID		
		6. SOCIAL SECURITY NO.	NFORMANT		Address R.F.D	1
	(If yes, give war or dates of service)	NONE MK	S CLARKE	D. SMITH,	POCOMOKE	CITY, MO
	18. CAUSE OF DEATH [Enter only one cause per	line for (o), (b), ond (c).]				TERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ulmman	Embolus	3 3 1 1 5 5		0-30 mw
	577   DUE TO		0 5 1			
	Conditions, if ony, which ) (b)	Denemberit	Ventime	i		
	gove rise to immediate	3				
	Sause (o), stoting the under-	vestigetite (	from cal	seur R	whene	
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITIC	ON GIVEN IN PARTIO	19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS	Envielentin	. Seml	太.		PERFORMED? YES NO
		ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port 1 of Port 11 of item	IB.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	3 20c. TIME OF INJURY Month, Doy, Year 20d.		ACE OF INJURY (Home, for		(County	(Stote)
	20c. TIME OF INJURY Month, Doy, Year 20d. Hour o.m. 19 of w.	le Not while for	ctory, street, office bldg., e	tc.)		
		41.4	1960, ta C	yine 23,1	0/004	
	21. I certify that I attended the deced				% that I last sa	w the deceased
	alive on with 63, 19	and that death	accurred at 3:49	M, fram the cause ADDRESS (Street, city or		bate signed
	ACTUAL LA LOD.	SIn	MINA	C + C Q	Dr Dut	Was of la
	SIGNATURE	· John	M.D. IL Sheet	unce sau	1	7/25/60
	PHYSICIAN'S WILLIAM B	LONG	SALIS	BURY, MI	TRY LAND	
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	REMINITORY	22d. LOCATION (City.	town, or county)	(State)
	BURIAL #26-60	FIRST BI	aPTIST	YOCOMOKE	CITY MA	RYLAND
	23. FUMERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REG	C'D BY REGISTRAR 246	REGISTRAR'S SIGNAT	Tiraus
	Hurr Hellason	Bocomoke GI	y MI), DATE	APR 2 3 00	() spread 21,	

TO HOST OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 softer death. Page 4 may be trained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in ony event within 72 hour after a gath.

PS C. PTATO TO TANTHE STATE OF DEATH TE THE STREET SEMENTS TO Supposed the set of th A STATE OF THE SAME OF THE STATE OF THE STATE OF THE SAME OF THE STATE OF THE SAME OF THE CARL STATES ALL TO SEE STATES LEVEL TO THE SECOND THE REAL PROPERTY OF THE PROPE was a first to be of the same of the same Brown Top W. War L. S. C. S. C. C. The state of the second state of the state of the MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	5172 CERTIFICA		ATE OF DEATH	Reg. Dist. No	g. Dist. No.		
	ACE OF DEATH COUNTY. 1) VCLINICA	MARYLAND	2. USUAL RESIDENCE (When	e deceased lived. If institution b. COUNTY	on: Residence before	ore odmission)	
b.	CITY OR TOWN (If outside corporate limits, write AURAL and give nearest fown)	c. LENGTED OF STAY IN 16	C. CHAYOR TOWN (If our	side corporate limits, write R	URAL ond give ne	arest tawn)	
d	NAME OF HOSPITAL (If not in haspitol, give street of NASTITUTION	iddress)	STREET ADDRESS	e.		e. IS RESIDENCE ON A FARM? YES NO	
LD	AME OF First PECEASED (Spee or print)	Middle	Inberior	OF DEATH	10	19 60	
5. SE	1 6. COLOR OR RACE 7. MARRI Male Cal WIDOWE	DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years photos)	Months Days	Hours Min.	
10a.	USUAL OCCUPATION (Give kind of work dane 10b. It during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State of	fareign country)	12. CITIZEN O	WHAT COUNTR	
13. F.	Storge Cars	hin.	14. MOTHER'S MAIDEN NA	Salfond.			
(Yes.	VAS DECEASED EVER INTO S. ARMED FORCES? 16. S	social security no.	Dedonia	Denn	ress -		
1	B. CAUSE OF DEATH [Enter only ane cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for f(o), (b), and (c),	Liteatin	I Bless	diges,	ERVAL BETWEEN SEY AND BEATH FRUITSU	
	Conditions, if ony, which (b)		Mu	kurm	A	lluk	
	gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u>						
CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	al disease condition giv	/EN IN PART 1(a)	PERFORMED?  YES NO	
CERI	20g. ACCIDENT WAS UNDERLYING  DR CONTRIBUTING  CAUSE OF DEATH OF CONTRIBUTION  CAUSE OF DEATH OF CONTRIBUTION  CAUSE OF DEATH OF CONTRIBUTION  CAUSE  CONTRIBUTION  CAUSE  CONTRIBUTION  CAUSE  CONTRIBUTION  CONTRI	RIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Pa	rt I or Port II of item 18.)			
18 2	Oc. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PI	ACE OF INJURY (Home, farm,	20f. (City or town)	(County)	(Stat	

MEDI

Hour o. m. While Not while of work of work 19 p. m

factory, street, affice bldg., etc.)

19 Cothat I last saw the deceased

alive on ACTUAL

22b.

21. I certify that a gittended the deceased from

M, fram the causes and on the date stated above. ADDRESS (Street, city or

PHYSICIAN'S NAME (Type)

2 c. NAME OF CEMETERY OR CREMATORY

that death accurred

22d. JOCATION CIN town, or county) (Store)

ADDRESS.

ghd

24a. REC'D BY REGISTRAR DATE

246. REGISTRAR'S SIGNATURE

23. FUNERA DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, REMOVAL (Spegify)

DATE THEREOF

TO HOSP VS A15 (4) 15M 9/58

THE RESERVE OF THE PARTY OF THE

A COURT OF THE PARTY OF

American Company

Mardela Maryland

Chilling S. Haus

24. FUNEHOTTOWS SIGNATURE Company

0100	CERTIFICA	TE OF DEATH.		
PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who o. STAJE Marylan	ere deceased lived. If institution: Res b. COUNTY W10	omico
b. CITY OR TOWN (If outside corporate limits, write RSALTING also request town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RURAL	
d. NAME OF HOSPITAL (If not in hospital, give street of the Name of the street of the	address)	d. STREET ADDRESS	St.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) First	Middle Olive	Darby	4. DATE Month OF DEATH April 3rd	Day Year 1960
Female 6. COLOR OR RACE 7. MARR WIDOWE	1	B. DATE OF BIRTH Aug. 19, 1888	9. AGE (In years IF UN Mon YES)	DER 1 YEAR IF UNDER 24 HRS.
DO. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	The second secon	or foreign country)  a Maryland	U.S.A.
Tubman Seabrease		14. MOTHER'S MAIDEN N	ackson	Royal St
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dotes of service)		rs.Nina Cer	Address **	ter ) 406 ###
PART I. DEATH (Enter only one couse Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which  (b)	orcenous	toxis ad	enocarcinome as with	1) ########ETNEETH
gove rise to immediate couse (a), stating the under:   DUE TO     lying couse last.   (c)	Olal	estructura	Jamelia	3/2mas
PART II. OTHER SIGNIFICANT CONDITIONS C	unia, se	T NOT RELATED TO THE TERMIN  DUCKEY  ED. (Enter noture of injury if P	U	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO NO.
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRED 20e. PI	LACE OF INJURY (Home form, actory, street, office bled, etc.	, 20f. (City or town)	(County) (State)
21. I certify that (I) (this haspital) aftends saw the deceased alive an 3			58, to 4 3 1	
22a. SIGNATURE REFERENCE STATES	Lordner	M.D. ATTENDING ME PHYS. DIF	ED. STAFF RECTOR PHYS.	4/4 GO,
	rdner	Pine Bl	uff Road Sal	sbury Maryla
Bury 13pecify) 23b. Date thereof Apr, 5, 1960	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town, or could Part) Marde	nty) (Slote)

Salisbury Maryland Fe 6 6 60

TO HOSP' OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 it is after death. Page 4 may be used by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban pagers. Pages 1 and 2 shauld be fred with page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health priar to burial, cremation, ar remayal, and in any event within 72 hours after death.

after death. Page 4

VR A1S (4) 15M 9/59

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Commence ( ) set our man train ( Charles accounted)

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8/21 8/2 1/3

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detal - Apr. 5,1960 Hardela Ochetors ( - Old Patt) Mardela Naryland No. 100 and tened were allebory March 20 1 and 101

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Months

Vicomico

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(State)

ATE SIGNED

(State)

Days

(County)

that I last saw the deceased

Maryland

e. IS RESIDENCE ON A FARM?

YES NO

Yeor

1960

requires that the death

15M 9/5B

The last tree comes and a company of the first of the first of the last of the 

5173 CERTIFICATE OF DEATH	teg. Dist. No.
1. PLACE OF DEATH, a. COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution a. STATE b. COUNTY b. COUNTY b. COUNTY	licomico
b. CITY OR TOWN (If outside corporate limits, write RUR)  RURAUand give peorest town)  Lettine X  Lettine X  Lettine X  RURAUand give peorest town)	
d. NAME OF HÖSPITAL (If nat in haspital, give street address) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  Ne / First Sindidle D35/8/ 4. DATE OF DEATH  Month	Day Year
MAKKIED I INCHES INCHES	UNDER 1 YEAR IF UNDER 24 HRS. Aonths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPUCE (State or foreign country)  during most of working life, even if retired)  White Come Mary In	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDENNAME	٧ .
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  (Yes, no. or unknown) (If yes, give wor or dales of service)  (Yes, no. or unknown) (If yes, give wor or dales of service)	trocke, Mf
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which)  (b)  Conditions, if any, which)	10000
gove rise to immediate cause (a), stating the <u>under-lying couse last.</u> DUE TO  (c)	V
PART II. OTHER STONE ICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OF CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAU	I IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m.  P. m.  19  20d. INJURY OCCURRED While Not while of work o	(Caunty) (State)
21. I certify that attended the deceased fram. 7 Consul, 1947, to 3 Children alive on 3 Consul 1960, and that death accurred at 5 PM, from the causes and	at I last saw the deceased
ACTUAL SIGNATURE DE LE CHE DE LE DELLA M.D. M.D. DALLEGUE W.C.	
PHYSICIAN'S Richard H. Saunders Nanticoke	Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or of CANAL (Specify) 4/7/60 Hon TICORS Com. 12d. LOCATION (City, town, or of CANAL (Specify) 4/7/60 Hon TICORS	county) (Stote)
MINIO MILA RIVALUE VIX.	AR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH\_RAITIMORE 18

A STATE OF THE PROPERTY OF THE METERS OF THE DESCRIPTION OF THE STATE FIRST TO BEAUTIFURIE OF DIAME The second secon in the state of the state of the state of Marie Marie Committee Comm adding the control of the design of the control of A CONTRACT OF A STATE 

TO HOSPIT

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 174 CERTIFICATE OF DEATH

5174

Reg. Dist. No.

15128

1.	PLACE OF DEATH a. COUNTY I COMI	co		MARYLAND	2. USUAL RESI	DENCE (Wh		lived. If institution b. COUNTY		e before od LCOMI	
	RURAL ond give ne	autside corporate limi arest town) Mard	la	5 years	c. CITY OR	TOWN (If o Sharp	town	ote limits, write RI	JRAL and g	ive negrest t	own)
	OR INSTITUTION	AL (If not in hospitot, g Maple Sh		nursing hom	112	in St				OI	RESIDENCE N A FARM? NO A
3.	NAME OF DECEASED (Type or print)	John Fir	W .	Middle	ton	st	4. DATE OF DEATH	Apr	11 3,	Day	Yeor 19 60
L	SEX M	W	WIDOWI		B. DATE OF BIRT	0, 18	70	P. AGE (In years last birthday) 89 yrs.		Days Hou	NDER 24 HRS.
	Help	ing lite, even it retired		KIND OF BUSINESS OR INDI		vert	11	Md.	12. CITI.	ZEN OF WI	AT COUNTRY?
13	John W	. Dixon			Saral		ie Bow	en			
15	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. ervice)		INFORMANT	Bac	h 131	M. Ost		St.	
1		TH WAS CAUSED BY:		ne for (o), (b), and (c).]	10 g	Pecil	Sun			ONSET A	BETWEEN ND DEATH
	Canditians, if an gave rise to in cause (a), stating t lying cause lost.	mediate (	170								
FICATION	PART II. OTH	Er SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PEI	AS AUTOPSY REORMED?
CERT	OR CONTRIBUTING	CAUSE OF DEATH		CRIBE HOW INJURY OCCURR	ED. (Enler noture o	of injury in P	Port 1 ar Port	Il of item 18.)			
MEDICAL	20c. TIME OF INJURY Have a. s., p. m.	Manth, Day, Yea	While	NJURY OCCURRED 20e. P  Not while  t of work	LACE OF INJURY ( actory, street, office	Home, farm, e bldg., etc.	20f. (City o	or town)	(Ca	ounty)	(Stote)
	21. I certify the alive on	of attended the facility of the second of th	decease , 12 th	ed from. O,, and that death	h occurred at	631		the causes a set, city or town, of the causes a	nd on th		ne deceased ated above. DATE SIGNED
22	o Burial, CREMATION REMOVAL (Specify) Burial	4/6/60	)F	Western (				ON (City, tawn, o		(2)	itate)
23	JOHN F.		ic. '	ADDRESS 715 Light St		24a. REC'E	APR 6	AR 24b. REGIS	TRAR'S SIGI	NATURE 8. Kinu	A

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5175 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05129

Reg. Dist. No.

)	I. PLACE OF DEATH o. COUNTY Wicomico Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown) White Haven (Rural)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X White Haven (Rural)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  On Farm - Near Home	d. STREET ADDRESS  R.D.#  On a Farm?  YES NO
	3. NAME OF First Middle DECEASED (Type or print) NORMAN WESLEY	DOLBEY  4. DATE OF DEATH APRIL 11th 1960
	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  May 8, 1900  9. AGE (In years last birthday)  59 yrs.    String   String
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS' during most of working life, even if relired)  Farmer & Canner (Owned & Operated)	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Stephen W.Dolbey	Mary Emily Wainwright
	VS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [If yes, give war or dates of services]	rs.Dora M.Dolbey(Wife)White Haven, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
	973.3 DUE TO Conditions, if ony, which) (b)	
	gove rise to immediate couse (a), stating the underlying couse last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II  200. EXTERNAL CAUSE WAS PRIMARY IF OF CONTRIBUTING II  CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (II	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \subseteq \text{ NO } \subseteq \)
		Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour Hour p. m. 4 // 19 of work of work of work	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)
	21. I certify that I took charge of the remains described obc	ove, held an Autopsy 🔲, Inspection 🔼, Inquiry 🔼, and find that
	death resulted from: Natural couses , Accident , Sui	icide 🔼, Homicide 🗌, Undetermined cause 🗍.
	ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EXAMINER [
	EXAMINER'S NAME (Type) Dr. Earl L. Royer	ASSISTANT MEDICAL EXAMINER April 12 /1960
	226. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OR REMOVAL (Specify) Apr. 14, 1960 Parsons	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24o. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	HOLLOWAY & COMPANY - SALISBURY MAR	YT AND DATE and 1 0 200

VS. A15ME(5) 5M 9/55

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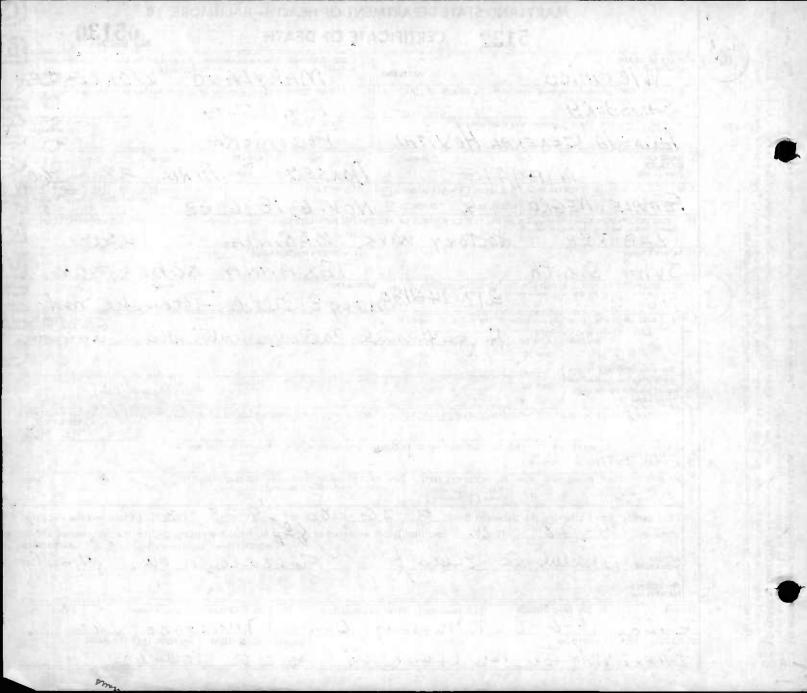
VS A1S (4) ISM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5132 CERTIFICATE OF DEATH

Reg. Dist. No.

1	1. PLACE OF DEATH O. COUNTY O. STATE O.
	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	SALISBURY 2
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress)  ON A FARM?  YES POOD NOKE  ON A FARM?  YES POOD  YES POOD  ON A FARM?
	3. NAME OF DECEASED (Type or print) NOOLE
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH   9. AGE (In years lost birthday)   15 UNDER 1 YEAR IF UNDER 24 HRS lost birthday)   Months   Month
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  LABORER  12. CITIZEN OF WHAT COUNTRY  VR GINIA  U.SA.
	TO hy Smith TEXAMME ROBERTSON
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (If yes, give wor or dates of service) 213-24-29 may E. Telda - Tocomoke mel.
	B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stoting the under: lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?
الاس	YES NO. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
è	
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work of work of work 19 of w
	21. I certify that I attended the deceased fram 3-26, 1960, to 4-28, 1800 that I last saw the deceased
	alive an 4-22, 19 (a), and that death accurred at S AM, from the causes and an the date stated above
	ACTUAL Wellow & Ellis & M.D. Sales lung, M. 4-28-60
	PHYSICIAN'S NAME (Type)
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	Burnal 3-6-60 Messongo Com. Messongo Va'  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Edgar Whoston - new Church, VG " DATEY 5 '60 arthur S. +
	men.



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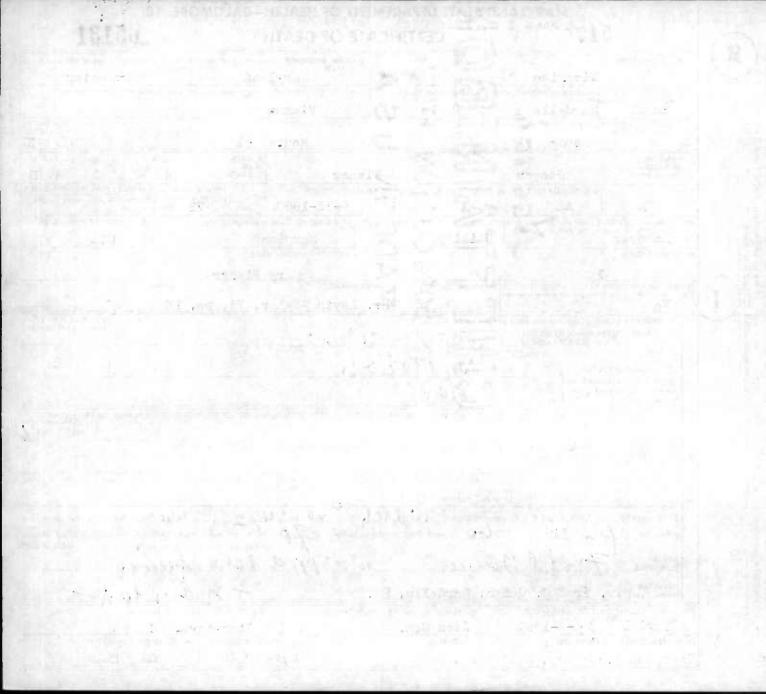
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

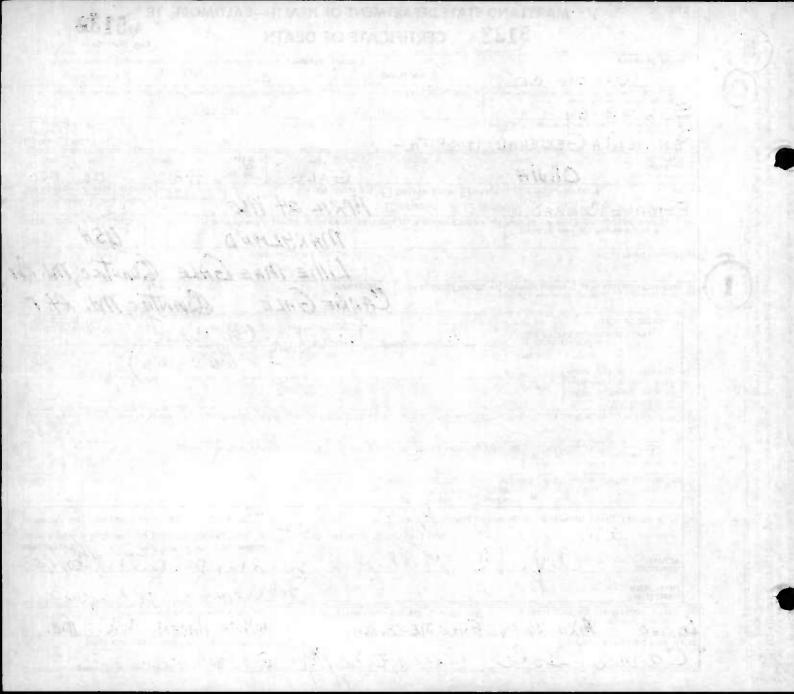
Item 1 d, Film G261 4/13/60 iwk

CERTIFICATE OF DEATH

R. J. 5.1.31

a. COUNTY	Wicomico		MARYL		usual residence (Wary:		lived. If instituti b. COUNTY	_	ce before		on)
b. CITY OR TOWN (I RURAL and give no	f autside corporate limi	its, write	LENGTH OF STAY IN	V 16	c. CITY OR TOWN (IF	outside corpor	ote limits, write R	URAL ond g	give neare	st town)	
Rural	Mardella		2 wks		Vienna	a			09>	(- d	2
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	Pı	dress) rivate		d. STREET ADDRESS	e #1				ON A F	FARM?
3. NAME OF	Fire		Middle		Last	4. DATE	Mor	th	Day	Y	ear
(Type or print)	Josepl	h		Fis		OF DEATH	4		3		9 60
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER	-		
M	AA	WIDOWED	DIVORCED		9-15-1880		lost birthday) 79 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of wark	dane 10b. Ki	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITI	ZEN OF W	HAT CC	DUNTRY?
Laborer	ting life, even if retired		ility		Maryl	and		920	USA		
13. FATHER'S NAME		J 11		1-	4. MOTHER'S MAIDEN	NAME					
	7			21	Mar	v Fishe	70				
IS. WAS DECEASED EVE			OCIAL SECURITY NO.	INFO	RMANT	1 7 7 5 116	Add	ress	1 7	- 47	
(Yes, no, or unknown)	(It yes, give war or dates of s	service)		Mr.	Levin Fish	er, Vie	nna, Md				
Conditions, if or gave rise to it couse (o), stoting lying couse last.	mmediate ( DUE TO	9)	silata age	tai	lux u	AINIAL DISCASS	COMPLICATION	(EN IN DAD		AND E	
CATIO					T RESTED TO THE TERM	III VAL DISEASI	CONDITION	LIVIIVIAK		PERFOR	SWEDS
~ IOP CONTRIBUTING	O DINDERCITION		IDE HOW INJURI OC	CURRED. (E	nter noture of injury in	Port I or Port	Il of item 1B.)				-
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		IBE HOW HAJORT OC	CURRED. (E	nter noture of injury in	Port I or Port	II of item 1B.)				
_	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee	ar 20d. INJ While		Oe. PLACE	OF INJURY (Hame, far, street, office bldg., et	m, 20f. (City	1,512	(0	County)		(State)
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye-  19  at I attended the	ar 20d. INJ While of work	URY OCCURRED 2 Not while of work	death ac	OF INJURY (Hame, far, street, office bldg., et	m, 20f. (City	1,512	that I la	ıst saw t	tated	eceasec abave
20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th alive an	MEDICAL EXAMINER) Y Month, Day, Ye- 19 at I attended the ALL ZL- TYELL R  Fred C. (	ar 20d. INJ While of work deceased 19	URY OCCURRED  Not while of work   d fram M A  , and that c	PLACE foctory  death ac  M.D.  Md.	OF INJURY (Hame, far, street, office bldg., et 2 19 60, to curred at 7 6	m, 20f. (City c.) 2 M, fram ADDRESS (St	or town) , 19[a] the causes ar	that I land an the stote)	ıst saw t	tated	abave signed
20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th alive an	MEDICAL EXAMINER) Y Month, Day, Ye- 19 at I attended the ALL ZL- TYELL R  Fred C. (	ar 20d. INJ While of work deceased 196 Quinn,	URY OCCURRED  Not while of work  fram  , and that compared  Mardella,	PLACE foctory  death ac  M.D.  Md.	OF INJURY (Hame, far, street, office bldg., et 2 19 60, to curred at 7 6	m, 20f. (City c.)  M, fram ADDRESS (SI	or town)  1960 the causes ar reet, city or town,  Apple	that I land an the stote)  Lead or county)	ıst saw t	tated DATE	abave signed
20c. TIME OF INJUR Hour o. m. p. m.  21. I certify th alive an	MEDICAL EXAMINER) Y Month, Day, Ye  19 at I attended the  AL Zhi  Fred C.  N, 22b. DATE THEREC  4-6-1966	ar 20d. INJ While of work deceased 196 Quinn,	URY OCCURRED  Not while of work   d fram   , and that compared to the compared	PLACE foctory  death ac  M.D.  Md.	OF INJURY (Hame, far, street, office bldg., et 2, 19 & 0, to curred at 1 & curred at 1	m, 20f. (City c.)  M, fram ADDRESS (SI	or town)  1940 the causes arreet, city or town,  10N (City, town,  ptown, N	that I land an the stote)  Lead or county)	ist saw to	tated DATE	abave signed





the registrar priar ta burial, cremotian, or remaval,

VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5134

**CERTIFICATE OF DEATH** 

05133 Reg. Dist. No.

	PLACE OF DEATH D. COUNTY Wicomic	:0		MARYI		o. STATE Maryland		b. COUNTY			re admis	sion)
	o. CITY OR TOWN (IF RURAL and give new Salisbu		ts, write	c. LENGTH OF STAY	IN 1b	2 Salisb		orote limits, write	RURAL ond	give ne	arest tow	n)
	OR INSTITUTION	AL (If not in hospital, g	ive street	address)	1	d. STREET ADDRES	ss H <b>erman</b>	Rd.,			ONA	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	NELLY	st	Middle BOUNDS		Lost GREENE	4. DATE OF DEATH	Ma 1 4		Do		Year 1960
5. 5	Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIE		ATE OF BIRTH		9. AGE (In years last birthday) 69 yrs	Months	Days	Hours Hours	ER 24 HRS Min.
	. USUAL OCCUPATIO during most of work House Wi FATHER'S NAME	N (Give kind of work of ing life, even if retired)		KIND OF BUSINESS OF		Maryla  4. Mother's Maic	nd	country)		S.A.		COUNTRY
13.	Peter Bo	unda										
	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT	Bounds	Add	dress	_		
(Yes	No No	If yes, give war or dates of s	ervice)	None	Mr.	Russell	Greene.	Sr. Sam	ne			
z	Canditions, if an gove rise to in couse (a), stoting t	he under-	)	CONTRIBUTING TO DEA	TH BIAT NO	AT BELATED TO THE	TEDAKINAI DISEA	SE CONDITION OF	IVEN IN DA	PT 1/c)	10 WAS	ALITOPSY
CATION									IACIA IIA LVI	KI I(U)	PERFO	ORMED?
CERTIF	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OF	CCURRED. (	Enter noture of inju	ry in Port I or Po	ert II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED  Not while tk ot work		OF INJURY (Home, y, street, office bldg		y or town)	(	(County)		(Stote
	21. I certify the alive on	at I attended the	chel 211	,	death o		Marylar	Street, city or town  yland  nd	nd an th	e date	e state	d abave
220	BURIAL, CREMATION REMOVAL (Specify) Burial	4-3-1960	)F	22c. NAME OF CEME				CTION (City, tawn, Lisbury,	/.	and	(Sto	ite)
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		240.	REC'D BY REGIS	TRAR 24b. REG	ISTRAR'S SI	IGNATU		
	Hill & Joh	nson Co. S	alisl	Loue W. varid	and	DAT	F ADD 6	'60	Orthur	8 4	Trans	

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	on the door there .		- On
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VS A15 (4) 15M 9/58

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VS A1S (4) 1SM 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 5136

		-	5	[3:	)
	R	eg.	Dist.	No.	
_	n .	Pasi	dence	hefore	adm

	a. COUNTY, WICOMICO MARYLAND	a. STATE Delaware b. COUNTY Sussex
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Gumboro  46 X
9	d. NAME OF HOSPITAL (If not In haspital, give street oddress) PENINSULA GENERAL HOSPITAL	d. STREET ADDRESS R.D.# 3 Millsboro  e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) First Middle F.	HASTINGS JEATH APRIL 26 1960
	S. SEX    6. COLOR OR RACE   7. MARRIED   X NEVER MARRIED	B. DATE OF BIRTH  Jan. 28, 1894  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Doys   Hours   Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)  Retired Farmer & Poultry Owner  13. FATHER'S NAME	USTRY 11. BIRTHPLACE (State or foreign country) Whitesville, Delaware USA  14. MOTHER'S MAIDEN NAME
Л	Ananias Hastings	Nora E. Hearn
		S. Bessie H. Hastings (Wife) R.D.#3 Millsboro Gumboro, Delaware
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).],  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	Anfance, a certa INTERVAL BETWEEN ONSET AND DEATH 2 Large
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF CONTRIB	PERFORMED? YES NO X  ED. (Enter nature af injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) actory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram 4 2 alive an 4 2 alive an 1960, and that death actual signature 6 blue 8 Ellis Jr	Medical Center Salisbury, Maryland
F	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MA	ARYLAND DATE WAY 2 60 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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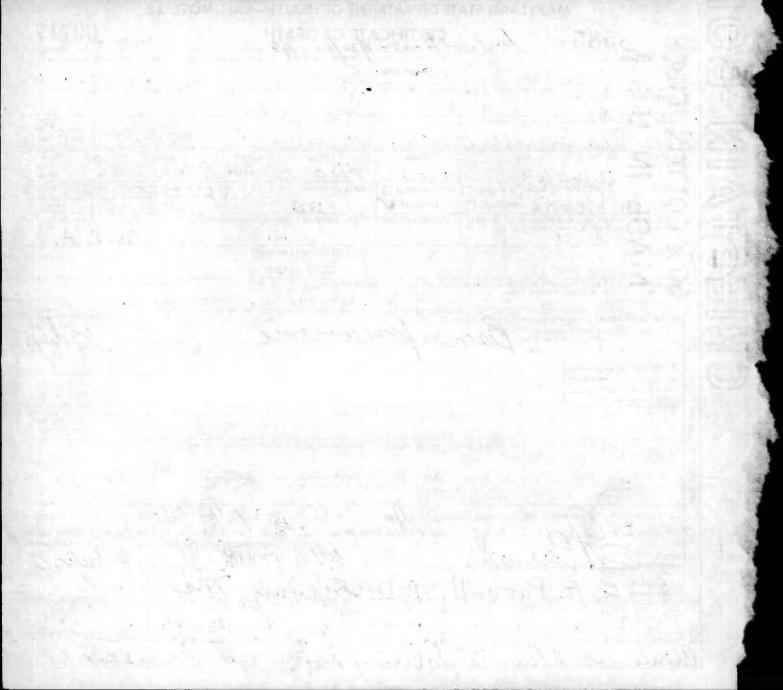
CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND WICOMICO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TÓWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) SON ISDUR d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE Middle Month Day Year DECEASED (Type or print) DEATH 1960 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Dovs Hours MA WIDOWED [ DIVORCED [ 0 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working, life, even if retired) TARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per lige for (o), (b), and (c).] INTERVAL BETWEEN QNSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while p. m. at work of work 21. I certify that I attended the 19 That I last saw the deceased leceased fram occurred at 925 alive an and that death from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR

page 0 VS A15 (4) 15M 9/5B

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO FUNRAL DIRECTOR: After this certificate to carrie the contraction of the contraction of the funeral direction of the funeral direction of the funeral direction of the funeral direction of the contraction of the funeral direction of the funeral mpletely filled in by the funeral direct VS A15 (4) 15M 9/58

death. ofter ( within 72 hours puo



VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Litem 8 Film G262 575/60 iwk CERTIFICATE OF DEATH

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	0100	× ++	CENTIL	ICAI	L OI DL		•		Reg. D	ist. No	),	
PLACE OF DEATH     COUNTY	Wicomico		MARYL		o. STATE	ce (who		d lived. If institut b. COUNTY	ion: Reside	nce befo	ore admis	ision)
b. CITY OR TOWN RURAL and give	(If outside carporate limi nearest town)	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOW	N (If or	utside carpo	rote limits, write l				n)
Salisb	ury		10 days		Camb	ridg	e			09	X	2
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, g	ive street	oddress)		d. STREET ADD	RESS					e. IS RE	SIDENCE A FARM?
Deer's	Head State	Hosp	ital		Star	Rou	te					] NO [
3. NAME OF DECEASED	Fir	st	Middle		Last		4. DATE	Mai	nth	Do	ру	Year
(Type or print)	Jam		н.		Hooper		DEATH	April		29		1960
5. SEX Male	6. COLOR OR RACE Colored	7. MARR	NEVER MARRIES		une 15,	18	73 743;	9. AGE (In years last birthdoy) 00 yrs.	Months Months	R 1 YEAR Doys	Hours	Min.
10a. USUAL OCCUPAT	TON (Give kind of work orking life, even if retired)	Jane 10b.	KIND OF BUSINESS OF	INDUSTRY	11. BIRTHPLACE	(State o	or fareign c	ountry)	12. C	ITIZEN C	OF WHA	T COUNTRY
	borer		- Tamber	ring	Maryl	and			US	SA		
13. FATHER'S NAME				1,	. MOTHER'S MA	IDEN N	AME					
Willia	m Hooper				unk	now	n Jo	hnson				
15. WAS DECEASED EN	/ER IN U. S. ARMED FOR (If yes, give wor or dates of si		SOCIAL SECURITY NO.  None	17. INFO	RMANT Deer	's E	lead H	lospital <sup>do</sup>	Reco	rds		
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		ne for (o). (b). and (c).] Arterioscle	rotic	cardio	rasc	ular	disease,	enest	ON		ETWEEN DEATH
Conditions, if gove rise to couse (a), stating lying couse lost	immediate DUE TO	)	Arterioscle				LAL DISEAS	F CONDITION OF		97 14 - 15	10. 1446	AUTORCY
CATI									VEN IN PA	KI 1(0)	PERFC YES	AUTOPSY DRMED?
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of inj	ury in P	ort f or Par	t II of item 18.)				
20c. TIME OF INJU Haur a. m. p. m.	10	While	NJURY OCCURRED Not while of work	20e. PLACE factory,	OF INJURY (Hom street, office bld	e, form, g., etc.)	20f. (City	or town)		(County)		(Stote)
21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the April 29 V. Juca V. Juca	., 19 t	and that o	i1 19 death ac	6:15 Dee:	A.M.	_M, fran ADDRESS (SI Head	19 1960 In the couses of treet, city or town, State Ho	and on state)	the do	te stat	decease ed abave ATE SIGNE 9/60
220. BURIAL, CREMATI REMOVAL (Specif BUT La J	ON, 22b. DATE THEREO		Taylors		EMATORY		22d. LOCAT	TION (City, town.	_	a 1	(Sta	le)
3. FUNERAL DIRECTO		7	ADDRÉSS	151		REC'D	BY REGIST		A SHALL		2.45/6	
Herbee XI	Wellac	k of	Cambri	idee.		TE MA		20	-77 -			

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VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5139 CERTIFICATE OF DEATH

R. g. 5138

	1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) b. COUNTY b. COUNTY
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	SALISBIRA	Vilna 09x 2
2	d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
L	TENINSULA (3 ENERAL HOSPITAL	YES NO D
	3. NAME OF DECEASED (Type or print) Walter Jackson	HURLEY DEATH APRIL 1 1960
		B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
K	MALE WHITE WIDOWED DIVORCED	0/10/1880 /9 yrs.
/	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRING MORE DELICATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIAN OR INDUSTRIAN OF BUSINESS OR INDUSTRIAN OF BUSINESS OR INDUSTRIAN OR I	2 Maryland Mo, H
	13. FATHER NAME OShuz Hurley	Martha/Hurley
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	us It I Quelly June Ml
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]	INTÉRVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Wardise Se	corregen Setien
	Conditions, if any, which) DUE TO  Conditions, if any, which)  (b) my translated	Infanction Jan 1960
	gove rise to immediate couse (a), stating the under- lying couse lost.  DUE TO  (c) Fluirs Jenerals,	ed dosterier claisse ?.
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a.m.  p. m.  19  While Not while of work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
	21. I certify that I attended the deceased from Min 1	5 , 1960, to Ceprul 1, 196 that I last saw the deceased
	alive an April 1, 1960, and that death	
	00	ADDRESS (Street, city or town, stole)  DATE SIGNED
	SIGNATURE PHECESING TRAG	M.D. 334 Cander leve 7/5/60
	PHYSICIAN'S NAME (Type)	Saleshuy Med
	236. BURIAL, CREMATION, 226 DATE THEREOF 22c. PLAME OF GEMETERY OF CHICAGO.	MEMORIAL (22d OF AMON (City town, or county) Asigns)
	Lith S. Willoughty East New M.	ALL DATEAPR 1 1 '60 CALLET S. KANDE
1		

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· BETTER BUTTER AND AND THE THE Committee of the second The state of the s LESCH CIM DEMONSKI NORST SOME OF STANDARD MALE STALL FROM THE No - NU 182 3 20 Mas C. B. noxson Description Maria Carantel Company Company

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 5141

1. 6	COUNTY Wi	comico		MARYLA	AND	o. SIATE Maryland	Where deceased	b. COUNTY	Tall		re admissi	100)
ь	RURAL and give ned	outside corporote lim arest town) Maryland	ts, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (IF			URAL ond	give ned	orest town	2
C	OR INSTITUTION	Head State		address)		d. STREET ADDRESS R #2	J =				e. IS RESI ON A YES	FARM?
	TAME OF DECEASED Type or print)	Minnie	st	$\mathbf{F}_ullet$ Middle	J	enkins	4. DATE OF DEATH	April		2	1	Year 19 60
S. S	Female	6. COLOR OR RACE	7. MAR WIDOW	RRIED X NEVER MARRIED VED DIVORCED		Jan. 18, 18		P. AGE (In years last birthday) 73 yrs.	Months Months	Doys	Hours Hours	Min.
	during most of worki	N (Give kind of wark ng life, even if retired	dane 10b	KIND OF BUSINESS OR	INDUST	Maryl	and	untry)	12. CIT	USA		OUNTRY?
13.	FATHER'S NAME Cha	arles John	son			14. MOTHER'S MAIDEN Minni	e Johns	on				
IS.		IN U. S. ARMED FOR f yes, give war or dates of		SOCIAL SECURITY NO. 220-01-0601	17. INF	ormant Hospital R	ecords	Salish		Mar	ylan	d
		TH [Enter only one con the Control of the Control o		line for (o), (b), ond (c).]  Bronchopne	umor	ia				INTI	erval 8E SET AND Cay:	TWEEN DEATH
	Conditions, if on gove rise to in cause (a), stating t lying couse lost.	mediate (	)									
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	contributing to DEAT etic gangren				CONDITION GIV	EN IN PAR	RT 1(a) 1	9. WAS A PERFO YES A	RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	20b. DE:	SCRIBE HOW INJURY OCC	CURRED.	(Enter nature of injury in	n Part I or Part	II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Ye	While			CE OF INJURY (Hame, far ory, street, office bldg., e	itc.)	ar tawn)	(	County)		(Stote)
	21. I certify that saw the decease 22a. SIGNATURE	(Mithis haspitaled alive an Apr	) atten . 2,	ded the deceased f	ram hat de	oth accurred at5:		the causes an	, 19_0 and an th	50, the	stated	we) last abave. b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	L. Mald	ve, 1	м.б.	M	Deer's H	med. Director   ead Sta		pril Sal:			
230.	BURIAL, CREMATION REMOVAL (Specify)	V. 23b. DATE THEREO	60	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. LOCATI	ION (City, town,			(Stote	1.
24.	UNERAL DIRECTOR'S	SIGNATURE	its	ADDRESS Contra	5,}	nd, DATE	APR 7	100	STRAR'S SI			

UE 164 PROPERTY OF THE PROPERT AND AND REAL PROPERTY AND A PROPERTY  OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

VS A15 (4) 15M 9/5B

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s after death. Page

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 185141 5142

CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	- CTATE DO	(Where deceased lived.   cyland   b.		before admission on ico	(nr
	b. CITY OR TOWN (I RURAL and give no	f autside carporate limits, write earest tawn) Salisbury	c. LENGTH OF STAY IN 16	10	(If autside carporate limit	s, write RURAL and giv	e nearest tawn)	
3	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give strees  Springhill	et oddress) Private San:	d. STREET ADDRES		St	e. IS RESIL ON A I YES	FARM?
3.	NAME OF DECEASED (Type or print)	GEORGE First .	HOWARD Middle	IAN Last	4. DATE OF DEATH APR	IL 27tl		9 <sup>60</sup>
	Male	White wipo	RRIED NEVER MARRIED DIVORCED DIVORCED	Nov. 29,18	100	-Al-dand I	YEAR IF UNDER	Min.
	Retired	N (Give kind of work done to king life, even if retired) Employee-R. L	Grier & Co.	Willard	is, Marylan		S A	DUNTRY?
13	Ananias	Jerman		Maggie				
15		R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	Edgar A.	Jerman(Son	)205" New	York A	Ave.
		mmediate DUE TO	Prostatie Henendy dates	Helighy = C	the	_ Duese.	INTERVAL BET ONSET AND I	
CEPTIFICATION	PART II. OTH	CAUSE OF DEATH	SCRIBE HOW INJURY OCCUR				PERFOR	UTOPSY RMED? NO X
MEDICAL		Whi		PLACE OF INJURY (Home, actory, street, affice bldg.,	form, 20f. (City ar tawn,	) (Co	unty)	(State)
	alive anACTUAL SIGNATURE	at I attended the decer , 19	ased fram 9/6 , and that dea	h accurred a <u>5:31</u>	ADDRESS (Street, city NIER SAL	uses and an the	date stated DATE	abave. signed /1960
27		William B.I on, 22b. DATE THEREOF al Apr. 29.19	22c. NAME OF CEMETERY		22d. LOCATION (Cit		(State	)
	HOLLOWAY		ADDRESS SALISBURY MA	CIKA TVO	REC'D BY REGISTRAR 2	Callug & A		

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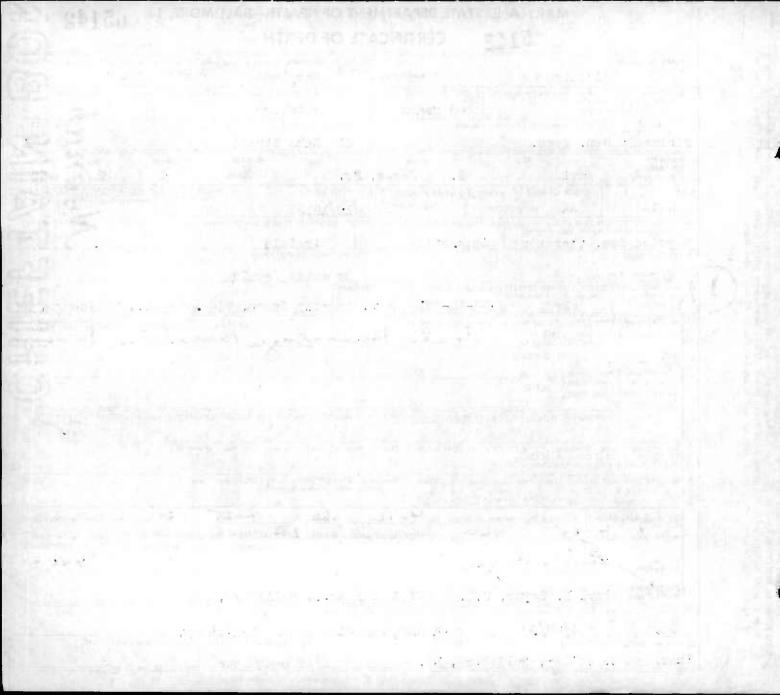
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5142 CERTIFICATE OF DEATH

8 U5142

0.7.1.	2				Keg. Dist. No	0.	
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryla		d. If institution b. COUNTY	Wicomic	ore admission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF					
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Peninsula Gen. Hosp.	oddress)	/d. STREET ADDRESS 614 Lake Street				e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF First DECEASED (Type or print) David	G. Jones	Last	4. DATE OF DEATH	Mon-	th 0	Year 1960	
5. SEX 6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH 9/12/1913		GE (In years ost birthdoy)  Gyrs.	Months Doys	R IF UNDER 24 HE Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Service Sta. Operator		STRY 11. BIRTHPLACE (Stor	e or foreign countr	-	12. CITIZEN C	DF WHAT COUNTR	
Yes, no, or unknown) (If yes, give war or dates of service)		Armentia I INFORMANT  S. Dorothy Jo	owning	Addr Talce S		ຳ ຂີກມານ - ໃ	
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERA	MINAL DISEASE CO	NDITION GIV	EN IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES P NO	
OR CONTRIBUTING CAUSE OF DEATH	Not while fo	ED. (Enter noture of injury in LACE OF INJURY (Home, for cotory, street, office bldg., et	m, 20f. (City or t		(County		
ACTUAL SIGNATURE FAIL Ry		, 1960, to		causes an	d an the dat	the decease stated above DATE SIGNI	
PHYSICIAN'S NAME (Type) Earl L. Royer, I  220. BURIAL, CREMATION, REMOVAL (Specify)  A / 20 / 60	22c. NAME OF CEMETERY C		22d. LOCATION	(City, town, o	.,	(Stote)	
Burial 4/28/60 23. FUNERAL DIRECTOR'S SIGNATURE Thornton B. Jolley, Salis	ADDRESS	emorial Park 240. REC DATEMA	D BY REGISTRAR		STRAR'S SIGNATI	JRE	



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5144

**CERTIFICATE OF DEATH** 

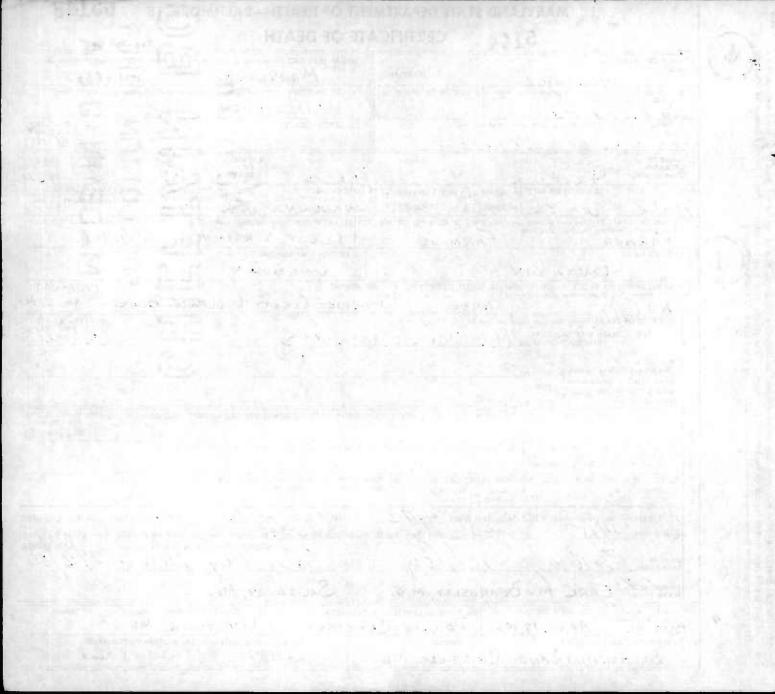
	0.1.3.3				Keg. Dist. N	10.
1.	PLACE OF DEATH O. COUNTY  WICDMICD	MARYLAND	O STATE S	here deceased lived. If institution b. COUNT		/
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b		outside corporate limits, write		
	RURAL ond give nearest town)		WES	TOVER	19	1 Y - 2
-1	d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE
Ĺ	Peninstitution Gen	eral				YES NO
	NAME OF DECEASED (Type or print)  ACKSON	Middle	Ketch	4. DATE OF DEATH CLOSS	onth I	Day Year 1960
5.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthdoy)	Months Doys	AR IF UNDER 24 HRS Hours Min.
7	note White WIDOW	/ED DIVORCED	UNKNOWN -	1800 77 Y		s Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
	FARMER	TARMING	WEST,	VIRGINIA	0.5	. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	UNKNOWN		UNKN	NWO		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO.	NFORMANT	Ad	Idress	PRINCESS
144	s, no, or unknown) (If yes, give war or dates of service)	NONE SO	MERSET COUN	TY WELFARE	BUARD-	ANNE, M.
~	Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.		ware / 2			solays
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1B.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of wo	Not while for	ACE OF INJURY (Home, farm ctory, street, office bldg., etc		(Count	(Stote
	21. I certify that/I attended the deceo olive on		M.D. Sals	A/16, 196  AM, from the couses a ADDRESS (Street, city or town of the Course)  ADDRESS (Street, city or town of the Course)  ADDRESS (Street, city or town of the Course)	and on the da	aw the deceosed the stated object of the state stated object of the state state of the state of
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURIAL APRIL 18,1960	PRIVATE C	EMETERY	22d. LOCATION (City, town WESTOVER.	, or county) MD,	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE BRADSHAW & SONS- C	ADDRESS RISFIELD MD.	24a. REC		GISTRAR'S SIGNAT Inthun S. Ku	

ofter death. Page 4 ely filled in by the funeral director, Pages 1 and 2 shauld be filed with

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 i may be reclined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the registrar priar to burial, cremation, ar remaval, and in any event within 72 haur page death.

VS A15 (4) 15M 9/5B



	9730	CERTIFICA	IE OF DEATH	FILL LILL	Reg. Dist. No.	
1.	PLACE OF DEATH o. COUNTY, UCOMICO	MARYLAND	2. USUAL RESIDENCE (Where deceded o. STATE  Maryland	sed lived. If institution b. COUNTY	: Residence before	a admission)
,	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con Rhodesdal		RAL and give near	rest town)
6	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	3 hours	d. STREET ADDRESS	s - varar	•	IS RESIDENCE ON A FARM?
1	ENINSULA GENERAL A	tostitaL	Eldorado			YES NO
3.	NAME OF DECEASED (Type or print)  First Dohn	David $\angle$	A DATE OF DEAT	000.	9 -	1960
1	SEX ALE 6. COLOR OR RACE 7. MARR	D DIVORCED	oct. 5, 1894	lost birthdoy) 65 yrs.	F UNDER 1 YEAR I	Hours Min.
10	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Painter	House Painting			U.S.	WHAT COUNTRY
13	FATHER'S NAME	Out of Carrier	14. MOTHER'S MAIDEN NAME	Cita ji saccara	0.0	220
	John T. Lank		Lavinia Drisco	1.1		100
15 (Y	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. is, no, or unknown)   (If yes, give war or dates of service)		FORMANT s. Delema M. Lani	Addres		R.F.D.
CATION	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVE	N IN PART 1(0) 19	P. WAS AUTOPSY PERFORMED? YES NO
CERTIF	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or f	Port II of item 1B.)		~
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o. m. 19 While of world worl	Not while foct	CE OF INJURY (Home, form, 20f. (Cory, street, office bldg., etc.)	City or town)	(County)	(Stote
	21. I certify that I attended the decease alive an 4 9 00 00 00 00 00 00 00 00 00 00 00 00 0		accurred at A.M. from ADDRESS	,		
22	o. Burial, Cremation, Removal (Specify) April 12,1960	22c. NAME OF CEMETERY OR Brookview Ceme	- t	CATION (City, town, or okview, Maj	ryland	(Stote)
23	funeral director's signature J.J.Framptom and Son, Fed	ADDRESS eralsburg, Mary	land DATE APA	1 4 700	RAR'S SIGNATURE	

TO HOSE ... OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 is after death. Page 4 may be stained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

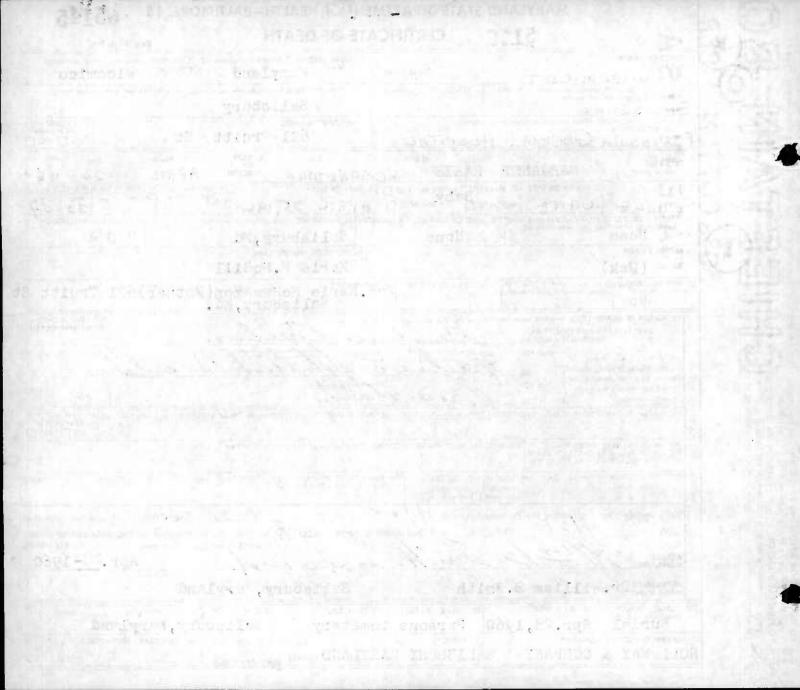
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 5117

v5146

	ACE OF DEATH COUNTY Wi	comico		MARYLAND		USUAL RESID O. STATE	Marvl		lived. If institution b. COUNTY		nce befo		sion)
Ь.		outside corporate lim	its, write	c. LENGTH OF STAY IN 18		c. CITY OR T	OWN (If ou	utside corpor	ate limits, write R	URAL ond	give nec	arest tow	n)
	Salisbu			59 days		Go	ldsbo	ro			05	5 X	-2
d.	OR INSTITUTION	AL (If not in hospital,	give street	address)		d. STREET A	DDRESS	_					SIDENCE A FARM?
	Deer	's Head St	ate	Hospital				n	one	T.			NO 1
DI	AME OF ECEASED	Fi		Middle		Last		4. DATE OF	Mon		Do		Year
(T	ype or print)	Bel				Morris		DEATH	Apri		1		1960
S. SE	X	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	] B. D.	ATE OF BIRTH	1		9. AGE (In years lost birthdoy)			_	ER 24 HRS.
	Female	White	WIDOW	ED DIVORCED		12/23/	1879		80 yrs.	Manths	Days	Hours	Min.
10a.	USUAL OCCUPATIO	N (Give kind of work	dane 10b	KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPL	ACE (Stote o	or foreign co	ountry)	12. CIT	IZEN OF	F WHAT	COUNTRY?
7.	nesseurk	ing life, even if retired	"	none		Del	aware			. 39	USA		
	ATHER'S NAME	0		77	14	. MOTHER'S							
	William	Cheffins					1 mbo	11 - D					
15. V			RCE5? 16	SOCIAL SECURITY NO. 17.	INFOR	MANT D		lla De		1006			
(Yes,	no, or unknown)	If yes, give war or dates of	service) =	7, 0		ре	er's	Head I	Hospital	Recor	rds		
-	odnk-			MEROUN									
ľ			ouse per l	ine for (o), (b), ond (c).]									DEATH
	PARI-I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	Arterio-scler	roti	c Hear	t Dis	ease				Year	S
	420	DUE TO											
	Conditions, if an	ry, which ) (t	.1	Arterio-scler	rosi	s. Gen	erali	zed				Year	's
	gove rise to in	nmediote (	*										100
	lying couse lost.	ne <u>under-</u>											
Z			DITIONS	CONTRIBUTING TO DEATH B	UT NO	RELATED TO	THE TERMIN	NAI DISEASE	CONDITION GIV	'EN IN PAR	RT 1(a) 1	9. WAS	AUTOPSY
ATION				20111110		NED TIED TO	1172   2117111	LIFTE DIDEFTOR			.,,,,,,	PERFO	DRMED?
받	20- ACCIDENT MA	S LINIDERIVING T	I 20h DES	SCRIBE HOW INJURY OCCUR	DED /E	-1	i inium in P	ant I am Part	II of item 18 )			TES [2	
CERTI	OR CONTRIBUTING	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DE:	SCRIBE HOW INJURY OCCUR	KED. (E	nter noture of	injury in r	ori i ar rari	II of fless 16.)				
MEDICAL		Y Month, Day, Ye			PLACE	OF INJURY (	lome, farm,	20f. (City	ar town)	(	(County)		(Stote)
AED AED	Houri a.m. p.m.	19	While	Not while	ractary,	street, affice	bldg., etc.	1					
		. 218 211 1 1	1.		-	Fob	2	60	A		60 .		
		, , , , , , , , , , , , , , , , , , ,		ded the deceased from		Feb.			April 1			, ,	
I-	saw the deceas	ed alive anA	pril	1 19 60 and that	t deat	h accurred	gl-Tr	M. from	the causes an	d on th	e date	stated	d abave.
	22a. SIGNATURE	1.4 4	ul.	1.	M.D.	ATTENDING	S ME		STAFF PHYS. 🖅			), /7	ALGNED
	22c. PHYSICIAN'S	1	<del></del>			22d. ADDRE						-4/ -	,
	NAME (Type)	L. V. Ma	ldve	. м. б.		Deer	1s He	ad Sta	te Hospi	tol.	Sal	ichu	wer 1
230	BURIAL, CREMATIO				OBCD						_ HOLL		
	REMOVAL (Specify)	4-4-	60	Siceres O	DR CR	d		dre	ION (City, town,	County)	me	d.	ile)
24AF	UNERAL DIRECTOR	SSIGNATURE	00	ADDRESS			25a. REC'D	BY REGIST	RAR 25b. REGI	STRAR'S SI	GNATU	RE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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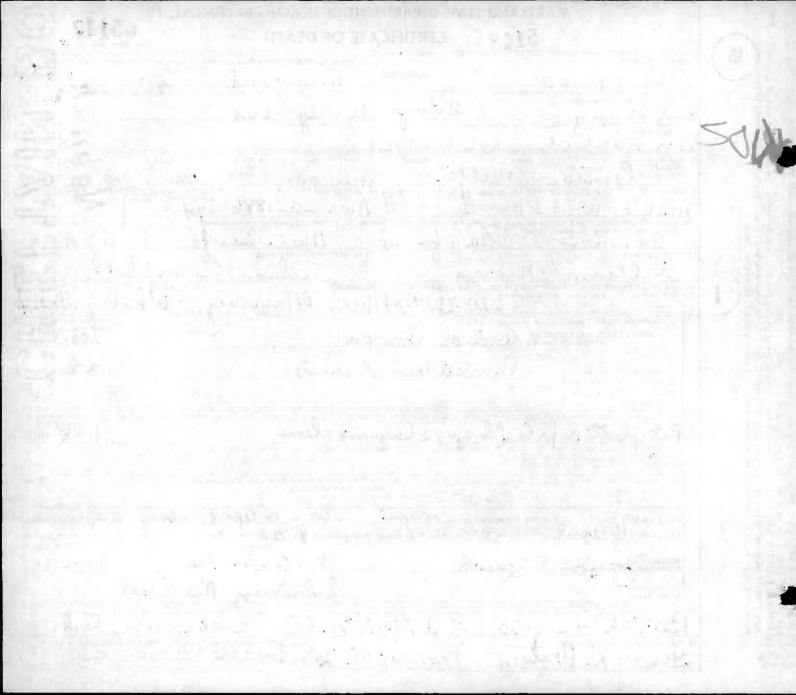
DIRECTOR

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VS A15 (4) 15M 9/5B

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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VR A1S (4) 15M 9/59

s ofter death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5149 CERTIFICATE OF DEATH

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					TV					
a. COUNTY	Wicomico		MARYL	AND	2. USUAL RESIDENCE (W o. STATE Mary	44.	6 COUNT		nce before	odmission)
b. CITY OR T	OWN (If outside corporate lim	its, write	c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (If	outside corpo			give neare	est town)
Sali	d give nearest town)		192 da	ys	Cord				20%	X-2
	HOSPITAL (If not in hospitol, (			18	d. STREET ADDRESS					IS RESIDENCE
DEFE	RIS HEAD STATE	HOS	PITAL					-		YES NO
3. NAME OF DECEASED (Type or prin	Fire Mo	rris	Middle Warr	202	Nieweg	4. DATE OF DEATH	Mo	nth	Day	Year 1960
S. SEX	6. COLOR OR RACE		RIED NEVER MARRIE		B. DATE OF BIRTH		9. AGE (In years	IF UNDER	R 1 YEAR IF	F UNDER 24 HI
M	W	WIDOW			11-11	1-91	lost birthdoy)	Months	-	Hours Min
100. USUAL OC	CUPATION (Give kind of work	done 10b.	KIND OF BUSINESS OF	RINDU	STRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12.CIT	IZEN OF W	VHAT COUNTR
during most	t of working life, even if retired Painter	1)	ontractor		Pennsy				U.S	
13. FATHER'S NA	AME			-	14. MOTHER'S MAIDEN	NAME				
	Samuel Nieweg					?	unknow			
15. WAS DECEA	SED EVER IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	17. If	NFORMANT Deer's	Head	Records	dress	100	19 4
WATER IN	K WW1	service)	ukn.		Sal:	isbur	y, Mary	land		
IB. CAUSE	OF DEATH [Enter only one co	ouse per li	ine for (o), (b), and (c).]		PERMITTED AND A		356			VAL BETWEEN
PAR	T I. DEATH WAS CAUSED BY:		Bronchooneu	mon	ia, bilateral					I AND DEATH
420	IMMEDIATE CAUSE (c	1								, 0
	7 DUE TO	)								
	ns, if any, which ) (b									
	e to immediate DUE TO									
lying cou	to last	-1								
	TII. OTHER SIGNIFICANT CON	7	CONTRIBUTING TO DEA	TH BLIT	NOT PELATED TO THE TERM	AINIAI DISEAS	E CONDITION G	VENI INI PAI	PT 1(a) 19	WAS AUTOPS
CATIC					h right hemir			VEIN IIN FAI		PERFORMED?
20a. ACCID OR CONTRI (IF EITHER,	ENT WAS UNDERLYING  IBUTING  CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of injury in	Port I or Por	t II of item 18.)	Tille		
				00 01	ACC OC MUURY (II	lant tal-				10.
	o. m. p. m.	While	Not while	for	ACE OF INJURY (Home, fare ctory, street, office bldg., etc.	m, 1 20f. (Cit)	y or town)		(County)	(Sto
21 1 corti	ify that 1) this haspita	I) atten	dad the desessed t	fram	10-15- 15	50	1/2	10/	50 that	+ /1\ /wa\ la
-	' / //	1001								
	deceased alive in	14 50	1900., and	that c	death accurred at	M, from	the causes a	nd an th	e date s	
220. SIGNA	TURY		1. h	,		p.m.	CTAFE			22b. DATE SIGNI
	HUD ON	al	W21.11)	1	D. PHYS.	AED.	STAFF PHYS.			4-25-6
22c. PHYSIC NAME	TAN'S (Type)				22d. ADDRESS De	eer's l	Head Sta	te Hos	spita:	
		Le	ee L./Lawry,	M.	D. S:	alisbu	cy. Md.		-	
23a. BURIAL, CR	REMATION. 236. DATE THERE	OF .	23c. NAME OF CEME	TERY O	R CREMATORY	23d. LOCA	TION (City, town,	or county)		(State)
Buria		0,	National	Ce	emeterv	Arl	ington.	Vir	gini	8
	RECTOR'S SIGNATURE	1	ADDRESS		-	D BY REGIS		ISTRAR'S SI	GNATURE	
4/1	A la	1/0	an Las	tor				Thur S.	4 .	
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VS A15 (4) 15M 9/5B

MARYLAND ST	ATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18	
5177	CERTIFICA	ATE OF DEATH	Reg. Dis	5,149
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Residence ind b. COUNTY W10	e before admission)
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town) Salisbury (Rural)	LENGTH OF STAY IN 16	1	utside corporate limits, write RURAL ond gi	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION D.# 3(Old Delm	ess) nar Rd)	d. STREET ADDRESS R.D.#	3(Old Delmar Rd)	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JACOB	Middle	PARSONS	4. DATE Month OF DEATH APRIL 2	Pay Year 23rd 19 60
5. SEX Male 6. COLOR OR RACE 7. MARRIED WIDOWED		s. DATE OF BIRTH Sept.6, 188	last highlights and	YEAR IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer -	None			EN OF WHAT COUNTRY?
13. FATHER'S NAME George Riley Parsons		14. MOTHER'S MAIDEN N	Elliott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. go, or unknown) (If yes, give wor or dates of service)	IAL SECURITY NO. Mrs	NFORMANT (Mae) Pa Salisbu	rsons(Wife"H.D.#	¥ 3
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)	ir (a), (b), and (c).]	Monboo		INTERVAL BETWEEN ONSET AND DEATH
	ibala	steriosel	Perosis	6 years
PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NOT
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enter nature af injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJUR Hour o. m. 19 While of work	Nat while foo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.		ounty) (Stote)
21. I certify that I attended the deceased alive an 4 1900	fram , and that death		M, fram the causes and an the	date stated abave.  DATE SIGNED
ACTUAL SIGNATURE	neer	M.D	Apri]	25/1960

PHYSICIAN'S NAME (Type) Dr.L.V. Sohler 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

Delmar, Maryland

22d. LOCATION (City, tawn, ar county) (Stote)

220. BURIAL, CREMATION, REMOVAL (Specify) Burial Burial Apr. 26, 1960
23. FUNERAL DIRECTOR'S SIGNATURE Charity Church ADDRESS

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

HOLLOWAY 80 COMPANY SALISBURYMARYLAND

DATE PR 2 7 '60

arthur S. Krous

Cem. - Near-Salisbury, Maryland

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Ttem 1 Film G202	5/4/50 iwk
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a., STATE b. COUNTY. /
WICOMICO MARYLAND	MARYLAND WICOMICO
b. City OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Powellville, Md.	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE
OR INSTITUTION his home - Whiton Rd.	WHITON RD. ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  JAMES ED WAR I	DERDUE 4. DATE Month Day Year DEATH APRIL 25 1960
S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MIDOWED DIVORCED	MAR, 15, 1917 43 yrs. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None	11. BIRTHPLACE (State or foreign country)  POWELLYILLE MD 12. CITIZEN OF WHAT COUNTRY?  U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES S. PERDUE	ANNIE MAY LEWIS
(Yes, no. or unknown) (If yes, give wor or dates of service)	NFORMANT Address
1/10 1/10 1/10	R, CHARLES COULBOURKE TOVIER VILLE
Canditions, if any, which gave rise to immediate cause (a), stating the under-	MON ARY EDENA ONSET AND DEATH 1/2 day
, (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
MULTIPLE PEFORMITHES DUE	TO POLIONYE HTIS YES NO DE
200. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
	LACE OF INJURY (Hame, farm, actory, street, office bldg., etc.) (City ar tawn) (Caunty) (State)
21. I certify that (I) (this haspital) attended the deceased fram.	1955 19 , to april 25, 1800, that (1) (we) last
saw the deceased alive an april 43 1200, and that	death occurred at
220 SIGNATURE John Jaman	M.D. ATTENDING MED. STAFF PHYS.   221/DATE SIGNED PHYS.   4/28/SIGNED
Page (Type)	22d. ADDRESS
Robert C. La Mar, M. D.	104 Bay St., Snow Hill, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF  SEMOVAL (Specify)  1/12860  23c. NAME OF CEMETERY (	SA CREMATORY 23d LOCATION (City, town, or county) (PFD (state)
24. EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  AUGUST  ADDRESS  ADDRES	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE APR 2 9 '60 Culling S. House
	DAIL

Marie Romann Charles Z M ALT TO BE ENGINE OF THE CASE OF THE CASE OF C MART LIVE DE PROPERTY DAY IN DECEMBER AND ALL THAN A SUSTINIA CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE PROPE

SALISBURY MARYLAND

APR 1 9 '60

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VS. A15ME(5) 5M 9/55

HOLLOWAY & COMPANY

Description of the Committee of the Comm one by at a manifest to all so the all the many to be and Market Fill Results M, zonad (all might than I see party by EX. Co. I Made by the law of the second of t More, 7.9, 1960 Hebrin Cesotons III Hebrin Cesotons

VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5151

CERTIFICATE OF DEATH

Reg. Dist. No.

65152

1.	PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Marvland b. COUNTY Wicomico
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)  Salisbury
2 7	d. NAME OF HOSPITAL (it not in hospital, give street address) OR INSTITUTION eninsular General Hospital	/d. STREET ADDRESS 422 Priscella St  e. is residence ON A FARM? YES \( \) NO \( \)
3.	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)  SADIE BELLE	Politi de Manth Day Year DEATH OPOI 10 1960
	Fe male white widowed Divorced	B. DATE OF BIRTH  9. AGE (In years lost birthday)  Sept. 13.1899  9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 27
	du Usual Occupation (Give kind of work done of the local during most of working life, even if refired)  Employee at Deer's Head State Hos	sp Salisbury, Maryland USA
13	James F. Marvel	14. MOTHER'S MAIDEN NAME  Clara Belle Beach
	WAS DECEASED EVER IN U. S. ARMED FORCES?  (es. no. or unknown) (If yes, give war or dates of service)  (The property of the pr	INFORMANT - Address
2	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	DSLS  I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CEPTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE	PERFORMED YES NO WES NO WES NO NO NOTE:
MEDICAL	20c, TIME OF INJURY Month, Day, Year Haur a. m. p. m.  19  20d. INJURY OCCURRED While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 37 olive on 100, and that death actual signature Physician's Rufus S. CARNER NAME (Type)	M.D. PINEBLUFF Rd. 410/60 PTR SALISBURY Md.
2.	Burial Apr. 13, 1960 Parsons Co	or CREMATORY 22d. LOCATION (City./town, or county) (Stote)  emetery Salisbury, Maryland
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE YLAND DATE APR 1 2 '60 Colling & Florida
	OLLOWAY & COMPANY SALISBURY MAR	YT AND DATE APR 1 2 00 COMMA 2. 700

## HYAPO TO STATEMENT OF DEATH.

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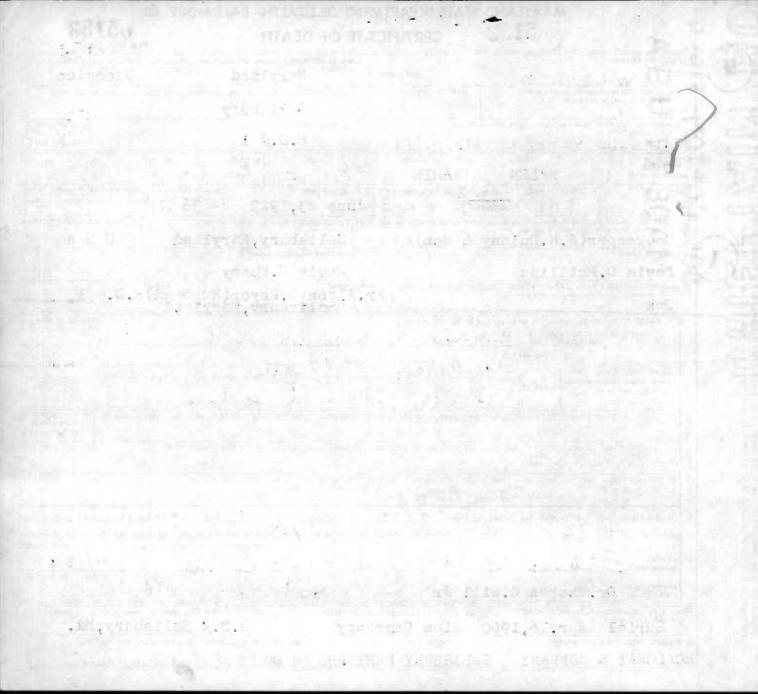
MARYLAND ST	ATE DEPARTMENT	OF HEALTH-BALT	IMORE, 18
5152	CERTIFICATE		

OF DEATH

US153

Reg. Dist. No.

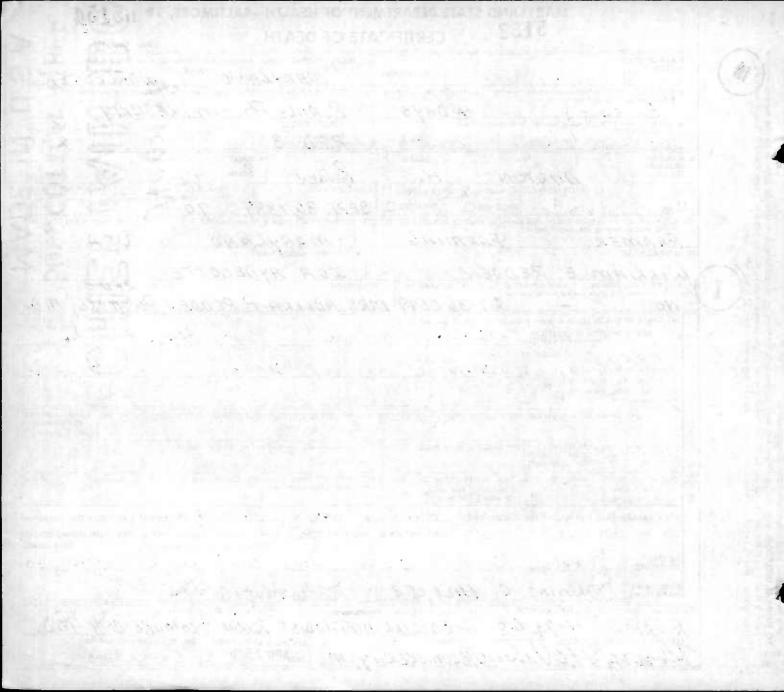
)		LACE OF DEATH	comico		MARY		a. STATE	Marvl		b. COUNT		omic	
	t		If autside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b				ate limits, write			
	-	Salisbury					Salis	bury					
7	7	OR INSTITUTION	TAL (If not in haspital, g	ive street	address)	,	d. STREET A					e. IS RI	A FARM?
di	16	ninsula	v Gener	21	Hospila	1		R.D.#	1				NO
Ė		NAME OF DECEASED (Type or print)	HELE		MARIE MARIE		Pallos		4. DATE OF DEATH	() Me	enth	Day 13	Year 19 6 0
	5. S		6. COLOR OR RACE		HED NEVER MARRI		DATE OF BIRT	)	-	9. AGE (In year	IF LINDER 1	YEAR IF UNI	-
	F	emale	white	WIDOWI	_		June 2	3,192	_	last biethday)	Manths D	ays Haur	_
	10a.	. USUAL OCCUPATION	ON (Give kind of wark king life, even if retired	dane 10b.	KIND OF BUSINESS C	R INDUSTR	Y 11. BIRTHPL	ACE (State a	r fareign co	untry)	12. CITIZE	N OF WHAT	COUNTRY?
1	3		er(J.H.Du		& Son)		Sali	sbury	. Mar	yland	U	SA	
	3.	FATHER'S NAME					14. MOTHER'S						
1			.Phillips				Mami	e V.F	usey	4416			
		WAS DECEASED EVE no, or unknown) Unk	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO	Mr	Alton	D.Pr	yor(	Husband ryland	d"R.D.	# 1	
		18. CAUSE OF DE	ATH [Enter only one co	use per li	ne far (a), (b), and (c).	1			-			INTERVAL	
	Н		ATH WAS CAUSED BY:	Au	iculas -	Tool	11.0000	1.4.	Limit	el.		ONSET AN	D DEATH
		1 7/1 IMMEDIATE CAUSE (a) THE CAUSE (b) THE CONTROL OF THE											
		Candidana is	-DUE TO	(is	a. O. La.		000	0. 0				- 11	
		Canditians, if a	immediate (	)	and ou	1	Tacc	yere	-				
		cause (a), stating lying cause last.	the under- DUE TO	,	lante	Ja	dren	al 1	Jail	ure			
	CERTIFICATION	PART II. OT	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE	CONDITION G	IVEN IN PART	PERF	AUTOPSY ORMED?
		OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature a	f injury in Po	art I ar Part	II of item 1B.)			
	MEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Yes	While	NJURY OCCURRED  Not while  at wark		E OF INJURY ( ry, street, affice			ar tawn)	(Co	unty)	(State)
		21. I certify the	hat I attended the	deceas	ed fram. 4	(3	, 1960	., ta	4/	13,190	that I last	saw the	deceased
	-1	alive an	- 3	_, 196	o, and that	death o	ccurred at	1/20	M, fram t	he causes o	nd on the	date state	d above.
			10		1 1200	1		A	DDRESS (Str	eet, city ar tawr	n, state)	, DA	TE SIGNED
		ACTUAL SIGNATURE	Thomas	0	Hel	pm.	D. Piv	18 Bl	uff	Rd.		4/13	60
		PHYSICIAN'S D	r.Thomas	C.Hi	ll Jr	<u>U</u>	S	alis	bure	1, N	1d.	, ,	
	22a	BURIAL, CREMATIC	ON, 22b. DATE THEREC	-	22c. NAME OF CEM			7.5		ION (City, town,	_		ote)
		Burial		1960		emet	ry				isbury	-	
		FUNERAL DIRECTOR			ADDRESS			24a. REC'D	BY REGISTE	RAR 24b. REG	SISTRAR'S SIGN	NATURE	
	H	DILOWAY	& COMPANY	S	ALISBURY	MAR	YLAND	DATEAPR	1 8 '60	) a	Thur & +	Traces	



VS A1S (4) 1SM 9/SB

	MARYLAND ST	ATE DEPARTM	ENT OF HEALTH—BALTIMO	ORE, 18 U5154
	9133	CERTIFICA	ATE OF DEATH	Reg. Dist. No.
OF DEATH	mica	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. a. STATE MARYLAND b.	If institution: Residence before ad. COUNTY / DRCES

		CEKIII	ICATE OF DE	AIN		Reg. Dist. No.	
1. PLACE OF DEATH			G STATE	CE (Where deceased		: Residence before	admission)
Wic	ami'co	MARYL	AND MA	RYLAND	b. COUNTY	WORCES	TER
b. CITY OR TOWN (If RURAL and give neo	outside corporote limits, w rest lawn)	rite c. LENGTH OF STAY II	c. CITY OR TOW	/N (If autside corpore	ote limits, write RU	RAL and give neare	est town)
	(LFL) L (If not in haspital, give :	14 DAYS	d. STREET ADDR	1- 10co	MOKE	CITYO	IS RESIDENCE
OR INSTITUTION	E (II lassific lidspiral, give :	street oudress;	O. STREET ADDR	2			ON A FARM?
NAME OF	A CENECAL First	Middle	K.F.D.	4. DATE			YES NO
DECEASED (Type or print)	musa	Middle	Roddon	OF DEATH	Anonth	Doy	Year
	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH			FUNDER 1 YEAR IF	
mile		DOWED DIVORCED	- ( -	1889	70 yrs.	Months Days	Hours Min.
a. USUAL OCCUPATION	N (Give kind of work done ng life, even if retired)	106. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE	(State or foreign con	untry)	12. CITIZEN OF V	VHAT COUNTR
FARMER		FARMING	ma.	RYLAN.	D	USA	
FATHER'S NAME			14. MOTHER'S MAI	IDEN NAME			
WILLIAM		DEN	IDA	AYDEL			
	IN U. S. ARMED FORCES: yes, give war or dates of service		INFORMANT		Addre	2/1/20	- 440 >
NO	-	217-36-0549	MRS ADEL	LAPRI	E DDEN, I	POCOMOKE	
	H [Enter only one couse H WAS CAUSED BY:	per line for (o), (b), and (c).]	10000 1 · A	Quel.	. Line	ONSE	VAL BETWEEN
1122	IMMEDIATE CAUSE (o)	claye M	Gocar dial	140	worden		tday
Conditions, if an	DUE TO	Coronary.	O de	Denelas	0	4	- ( 0
gove rise to im	mediote ( DUE TO	asonway	arrag	1000		/	week
lying couse lost.	(c)						
PART II. OTHE	R SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVE	N IN PART 1(o) 19.	WAS AUTOPS PERFORMED?
5						)	res No
PART II. OTHE	CAUSE OF DEATH	. DESCRIBE HOW INJURY OC	CURRED. (Enter noture of inju	ury in Port I or Port	II of item 18.)		
			al Acc of Bullion	f less in			
Hour o.m.		While Not while	20e. PLACE OF INJURY (Home foctory, street, office bld	g., etc.)	or town)	(County)	(Stol
		of work of work	110 10	10.1	20 /		
//	it I attended the de	60 1.	1 /6 , 1960, to	a April	40, 1900,1	hat I last saw	the deceas
alive an_ Ap1	,	1960_, and that c	death accurred at	P.M. fram t	he causes and	an the date s	tated abar
ACTUAL	Thomas,	C. H:11 J	e Din	12 Blul	1 Road	4	120/6
SIGNATURE	Voorread	C. 19111 O	~. M.D.	- 0.4	10000	·	20/00
PHYSICIAN'S NAME (Type)	THOMAS (	C. HILL JA	e. Sal	is bury	Md		
O. BURIAL, CREMATION	I, 22b. DATE THEREOF	22c. NAME OF CEMET	ERY OR DESIGNATION	22d. LOGATI	ON (City, town, or	county)	(Stote)
BURIAL (Specify)	4-23-6	9 GOODWIA	LL METHODIS	ST RURAL	-rocomo	KE CITY	MD.
3. EL NEPAL DIRECTOR'S	SIGNATUR	ADDRESS	240	REC'D BY REGISTR		RAR'S SIGNATURE	
Xenry	HWass	CHOCOMOKE	CITY, MD, DA	TAPR 25 '60	Cirih	un S. Frank	



O. Ung & Kraus

	2190	CERTIF	ICATE OF L	EAIN	P. Lander	Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Wicomico	MARYL		Maryland			
b. CITY OR TOWN ( RUPAL ond given (Rural)	outside corporate limits, earest town) Parsonsbu	rg c. LENGTH OF STAY IN		OWN (If outside cor Parsonsb		RURAL ond give net	aresi town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give $R_{ullet}D_{ullet}\#$	street address)	d. STREET A	R.D.#			e. IS RESIDENCE III ON FARM? YES NO -
3. NAME OF DECEASED (Type or print)	CHARL			30	ADD		
s. sex Male	White w	MARRIED NEVER MARRIED	□   Sept.1	7,1885	9. AGE (In years lost birthdoy) yrs.	Months Days	Hours Min.
Retired	ON (Give kind of work don king life, even if retired)  Lumberman	10b. KIND OF BUSINESS OR Lumber	R.D.#	Berlin, M		12. CITIZEN OF	MHAT COUNTRY?
3. FATHER'S NAME Arthur	Scott			Bodley			
S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES (If yes, give war or dates of service	? 16. SOCIAL SECURITY NO.	Mrs.Flore	nce E.Sc rsonsbur	ott(Wiff	e)R.D.#	
	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Per line for (o), (b), ond (c).] Cardia e e Osterios cle	Secomp Nic C-	V Drs.	ease		ERVAL BETWEEN SET AND DEATH  3 45
Couse (o), stoting lying couse lost.  PART II. OTI  PART II. OTI  OR CONTRIBUTING	the under. DUE TO (c) HER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEAT				VEN IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Year	20d. INJURY OCCURRED 2 While Not while of work 0	0e. PLACE OF INJURY (I foctory, street, office		ity or town)	(County)	(Stote)
21. 1 certify the alive an	William D	1960, and that of		ADDRESS	n the causes ar (Street, city or town,	Apr1 ury, Mar	pate dabave. DATE SIGNED 1 15/196 yland
REMOVAL (Specify) BUT 1	22b. DATE THEREOF Apr.17,1	22c. NAME OF CEMET Parsons ADDRESS		r Sa	ATION (City, town, alisbury	, Maryl	
	& COMPANY	SALISBURY N	ARYLAND	DATE APR 1		ISTRAR'S SIGNATU	

TO HOSI OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 safter death. Page 4 may be excluded by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B

BIRTO TO TACHIPRIO ... CREEK 420.0 Cloudy grainsen Manager C. [Com] MARIE MANY SELECTIONS OF 398.18,1897 3.7. - 11-11 , 11-11 , 11-11 wilder. harrannel mentder. The Libert to A.C. His Control of the Control of t 101/3E 1240F PETERS, WHILE SERVICE CHARGE AND LEVEL WITH THE PETERS AND ADDRESS OF which county land for the . But the say, saying The second of the second second results as the lower second

or remayal.

VS. A15ME(5) 5M 9/55

Item 18 Film MARYLAND STATE DEPARTMEN 5154 MEDICAL EXAMINER'S				
1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico			
b. CITY OR TOWN (If outside corporate fimits, write RURAL ond give negreal town) Salisbury  116	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  /2 Salisbury			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  518 Tangier St.	d. STREET ADDRESS 518 Tangier St.  o. IS RESIDENCE ON A FARMS YES NO PS			
3. NAME OF First Middle Charles Science Scienc	elby  4. DATE OF DEATH  4. DATE OF DEATH  4. DATE OF DEATH  4. DATE OF DEATH  19			
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED A. 8. DA  M WIDOWED DIVORCED	ATE OF BIRTH  3-17-1918  9. AGE (In years   IFUNDER 1YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.			
10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)  Home	11. BIRTHPLACE (Stole or foreign country)  Mardela, Md.  12. CITIZEN OF WHAT COUNTRY?  U.S. A.			
John Henry Selby	Georgianna Deal			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) NO M?	Saldebury, Md. s. Mary Gale 518 Tangier St.			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  DUE TO  Coulons lost.				
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Part 11 of item 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE C Mhile Not while of work of work	OF INJURY (Home, farm, street, office bldg., etc.) 20f. (City or town) (County) (State)			
ACTUAL ENGL Pro	held an Autopsy . Inspection . Inquiry . and find that le Hamicide . Undetermined cause .  DATE SIGNED  ASSISTANT MEDICAL EXAMINER . L-21-60			
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CRE REMOVAL (Specify)  BUT 1 9 1 1 - 27 - 60 Creen Acre Address	EMATORY   22d. LOCATION (City, town, or county) (Slote)  Salisbury, Md, Wicomico  24o. REC:D By REGISTRAR   24b. REGISTRAR'S SIGNATURE  DATE			

MARYLAND STATE DEPARTMENT OF HEALTH—BACKMORE, IN THE ALFOIDAL EXAMINER'S CERTIFICATE OF DEATH SET

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1670								
							The second	

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5155

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY (U/COM/CO	MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Somerse
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PENINGSULA (SENETAL HOS)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
TON IN SWEN CONCIGE 1505	Aiddle SHPLLER OF APPLL 23, 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINI during roast of working life, even if retired)  ONSTRUCTION Empheer Constructions.  3. FATHER'S NAME	1300:11100
George Sheller  5. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	Unknown
(Yes, no, or unknown) Till yes, give war or dates of service)	Mrs. John Sheller, PrincessAnne, M
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE, (a)	arten Thrombosic Interval Between ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  (b)  DUE TO  (c)	ry Etherosclerosia dokum
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED?  YES NO [
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURREI Haur a. m. p. m. 19 While Nat while at wark at wark	D 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)
21. I certify that ottended the deceased from a gaive an actual signature and actual signature	that death occurred at 0.77-M, from the couses and on the date stated above ADDRESS (Street, alty) ar town, state)  M.D. Faller M.D. #24 (60)
PHYSICIAN'S NAME (Type)	
Burid 4/25/60 St. Ar	ndrews Episcopal Princess Anne, and
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REVEN B. Welson, Prences	DATE APR 27'60 CAILUR & KILLIN

may be, ardined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond campletely filled in by the funeral page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fit the registror priar to burial, cremotian, or removal, and in any event within 72 haurs ofter death. OR ATTENDING PHYSICIAN: The law requires that the death certificote be executed within 24

TO HOS

VS A15 (4) 15M 9/58

rs after death. Poge 4

Princes Aing TOTAL SOME ASSESSED. Cineral Color Bound Constitution of the Color of the Colo Language and the second The state of the first of the state of the s

india per a militira e contribuir por mana provincia del 1900. Obbliga del 1900 de 1900 de 1900 de 1900 de 190 Sentra del como del 1900 del 1

VS A15 (4) 15M 9/5B

PLACE OF DEATH g. CQUNTY

NAME OF DECEASED (Type or print)

5. SEX

Sbu d. NAME OF HOSPITAL Newi

MARYLAND	STATE DEPARTM	ENT OF HEALTH—BAL	TIMORE, 18	150
5156	CERTIFICA	TE OF DEATH	UJ	158
9130	CERTIFICA	ATE OF DEATH	Reg. Dis	st. No.
ACE OF DEATH COUNTY UICDMICTO	MARYLAND	2. USUAL RESIDENCE (Where deceased on STATE	b. COUNTY Sol	nerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write RURAL and g	give nearest town) 9 X - 2
NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X
AME OF First Processing Processin	Middle	Shelton 4. DATE OF DEATH	Abril	Day Yeor 2 4. 19 60
x 6. COLOR OR RACE 7. MARR	THE TEN MINIMIZED [1]	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday)  Months	1 YEAR IF UNDER 24 HRS.  Days Hours Min.
USUAL OCCUPATION (Give kind of work done 10b. during most of working life even if retired)	BUSE WORK	Oriole, r	ountry) 12.CITI	ZEN OF WHAT COUNTRY?
ather's NAME Domuel Laind		Mary Ro	SS	
VAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)	SOCIAL SECURITY NO.	s. Walter Mc	Dorman, Mo	nie, Md.
B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which )	vonary de	atherse	Ceronia	2 days
gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO  (c)	0			

7	2mals/1/1/8 WIDOWED DIVORCED Mdr. 10,1886 74-yrs. Months Days Hours Min.
10a	USUAL OCCUPATION (Give kind of work done done done done done done done done
15	FATHER'S NAME
13.	M. MOTHER & MAIDEN THANKS
-	Domuel Laird Mary 17055
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address
(	Mrs. Walter Mc Dorman, Monie, Md
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Cavarage Astern / Carombosis ONSET AND DEATH
	DUE TO
	Conditions, if any, which) (b) Oroland Atteracteracy
	gove rise to immediate
	couse (a), stoting the under DUE TO
	lying couse lost. (c)
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
SAT	YES NO.
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m.  p. m.  20d. INJURY OCCURRED While Not while of work o
	21. I certify that I attended the deceased fram. 4 - 32-, 1960, ta H- 34-, 1960 that I last saw the deceased
	alive on Obnil 24, 1910, and that death accurred at 12.58 M, from the causes and an the date stated above.
	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE Claved Johnson M.D. Jales Fray Tes 4/24/60
	PHYSICIAN'S NAME (Type)
220	BURIAL, CREMATION, 22b., DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
2	REMOVAL (Specify) 4/26/60 Oriole Cemetery Oriols M
22	
3	ADDRESS ADDRES
	TOTAL TITLE TOTAL CONTROL OF THE CON

HI ARD TO STADENING OF BELLT 10 c -12 m 15 pa playani Telound -1. C- 0.22 (i) sulli A Z. LE LAND A SERVER DELLE ALBOR STROLL Salve dell muc and a wall among the sail a street La contract of the second The state of the s

VS A15 (4) 15M 9/58

ofter death.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5157

**CERTIFICATE OF DEATH** 

65159

					mogn ston trot
1. PLACE OF DEATH o. COUNTY	Vicomico	MARYLAND	O. STATE	rland b. COUNTY	wice Residence before admission) Wicomico
RURAL and give g	If outside corporate limits, vectorest town) Salisbury	c. LENGTH OF STAY IN 15		outside corporate limits, write RL LSbury	JRAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give Pen Gen Hos	street address) pital	d. STREET ADDRESS	E. Vine St	e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	First MAGGI	Middle	SHOCKLEY	4. DATE Mont OF APRII	
s. sex	2 22	MARRIED NEVER MARRIED DOWED DIVORCED		9. AGE (In yeors las birthdoy) yrs.	Months Day Hours Min.
0o. USUAL OCCUPATI	king_life, even if retired)	10b. KIND OF BUSINESS OR INC		or foreign country)  1, Maryland	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME  (Unk)			(Unk)	NAME .	
	ER IN U. S. ARMED FORCES (If yes, give war or dates of service	? 16. SOCIAL SECURITY NO.		mette(Friend	f) 313 E. Vine S
Conditions, if c gove rise to couse (o), stoting lying couse lost.	the under-	CIVISAOS C	LESANCE F	transf Dis	EN IN PART 1(0) 19. WAS AUTOPSY
PICATION ACCIDITATION AND ACCIDITATION ACCIDITATIO		DESCRIBE HOW INJURY OCCUR			PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	. DESCRIBE NOW INJURY OCCUR	KED. (Liner notice of injery in	ron ron non nem ro.,	
20c. TIME OF INJU Hour o. m. p. m.		20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (Home, form foctory, street, office bldg., etc		(County) (State
ACTUAL SIGNATURE	or Andrew	19 , and that dec		M, fram the causes and ADDRESS (Street pity or town,	Apr. /9/196
220. BURIAL, CREMATIC REMOVAL (Specify BURIA	22b. DATE THEREOF Apr. 21, 19	22c. NAME OF CEMETERY Riverton		22d. LOCATION (City, town, or Sharptown	(Riverton) Md.
23. FUNERAL DIRECTOR HOLLOWAY		ADDRESS SALISBURY M	ARMIAND DATE	A 4 100	STRAR'S SIGNATURE

Leon Tee The state of the s resident of the incomes of the regret three representations of the first of the regret in the regret of the regret NAME OF ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED.

VS A1S (4) 1SM 9/SB

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5158

CERTIFICATE OF DEATH

05160

Reg. Dist. No.

1	a. COUNTY	Wicomico		MARY	AND	2. USUAL RESID		ere decessed yland	lived. If institution b. COUNTY		efore admiss	
	b. CITY OR TOWN ( RURAL and give n	lf outside corporote limit earest town) Salisbur	s, write c	LENGTH OF STAY	N 1b	c. CITY OR 1		utside corpord	ate limits, write R	URAL and give	nearest town	٦)
	d. NAME OF HOSPI OR INSTITUTION	FAL (If not in hospitol, gi				d. STREET A		Trui	tt St			FARM?
3.	NAME OF DECEASED (Type or print)	MINNI:		BLANCH!	Ξ	SMITH		4. DATE OF DEATH	APRII		.,	Yeor 1960
S	Female	2.20	7. MARRIED	NEVER MARRIE		Feb. 12			AGE (In years lost birthdoy)  yrs.	Meziths 107	Hours	Min.
10	House Wo	ON (Give kind of work d king life, even if retired) PK at Home	one 10b. KIN	None	R INDUS				aryland	L US	OF WHAT O	OUNTRY?
13	Lewis M.	Taylor				14. MOTHER'S El1		th W1	ngate		17	
)[	S. WAS DECEASED EVE	R IN U. S. ARMED FORG	rvice) 16. SO	CIAL SECURITY NO.	MY	Willi Sa	am W	Smith	h(Husba	md) 516	Tru	itt
NOTE STATES	Conditions, if a gove rise to i couse (o), stoting lying couse lost.	mmediate (	C	A. P	L. TH BUT I	PA S	THE TERMI	NAL DISEASE	CONDITION GIV	0	PERFC	Sel.
MEDICAL CEPTIES		MEDICAL EXAMINER)	r 20d. INJU	_ Not while	20e. PLA	. (Enter noture o CE OF INJURY (I ory, street, office	Home, form	, 20f. (City o		(Coun	ty)	(Stote)
		nat I attended the				A.D		ADDRESS (Stre		Apri]	DAT	d abave. re signed /196
2	20. BURIAL, CREMATIC REMOVAL (Specify BURIAL	Apr. 27,		Wicomic			k	_	ON (City, town,		(Stol	le)
	3. FUNERAL DIRECTOR	's SIGNATURE & COMPANY	- SA	ADDRESS LISBURY	MAE	YLAND		APR 27	100	STRAR'S SIGNA		

enlact. and a de different diff. discountries and a second A. SEA CAMERIA MITHAGO 2 70 70 0000 (36.400) Temporal of the second OCCUPANTA NORGERALIO Degree of Marian Anapata 19.20 A Elegan hate forest, which there were winders with the first the west of the second state of the second seco " and the state of AND THE THE PARTY OF THE PROPERTY OF THE PARTY OF THE PAR

VS A15 (4) 15M 9/58

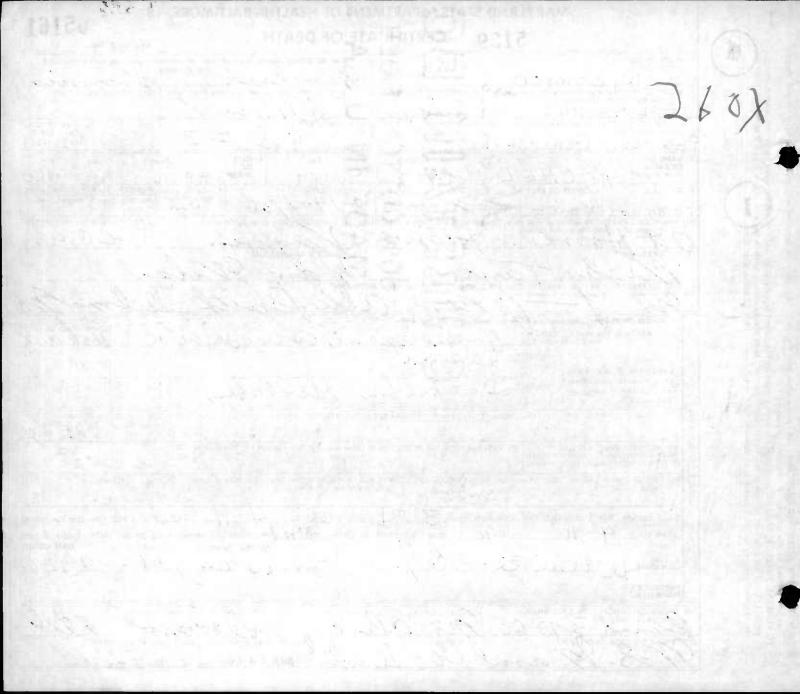
ARYLAND S	TATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18	
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M

**CERTIFICATE OF DEATH** 

65161 Rea. Dist. No.

5159	CERTIFICA	ATE OF DEATH	1-1-1	Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  (U) COMICO	MARYLAND	2. USUAL RESIDENCE (WHO	b. COUNT	ution: Pesidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY	c. LENGTH OF STAY IN 16	X AOut	tside corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION PENINSULA GENERAL H	OSPITAL	d. STREET ADDRESS	0 #3	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) RACHEL	MAY	SMITH	DEATH APR	
5. SEX 6. COLOR OR RACE 7. MARRI	DIVORCED _	B. DATE OF BIRTH 3-14-190	6 Styr	s
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of vorting life, even if retired)	Homes or indu	14. MOTHER'S MAIDEN NA	iria	12.CITIZEN OF WHAT COUNTR
Wesley Tay	SOCIAL SECURITY NO.	INFORMANT TO THE	Will	2-00 ddress
(Yes, nettor unknown) (If yes, give war ar dates of service)	Hose C	releys,	ith-	Delmars.
18. CAUSE OF DEATH [Enter only one cove per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	e for (o), (b), and (c).]	ene Cord	lio vascul	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate	alean		9	11
couse (o), stoting the under- lying couse lost.	COLLEGE TO DEATH BUT	S Mell	lous	TIVEN IN BART 1/2) 19 WAS ALITOPS
CATIC		D. (Enter noture of injury in Po		PERFORMED YES NO
		ACE OF INJURY (Home, form,		
Hour o. m. 19 While of work	Not while fo	ctory, street, office bldg., etc.)		(County) (Stot
21. I certify that I attended the decease alive on 4-11, 196			, fram the causes o	$\mathcal Q$ that I last saw the decease and an the date stated above
ACTUAL SIGNATURE LEGICION &.	600'est-	M.D. Sale	DDRESS (Street, city or tow	Md - 4-11-6
PHYSICIAN'S NAME (Type)			<u> </u>	
220. BURIAL, CREMATION, 226. DATE THEREOF 3-13-60	MAME OF CEMETERY C	ine	22d. LOCATION (Cit), town	er Llik
25 TONEBAL DIRECTOR'S SIGNATURE	1 Co - So	le (24a. REC'D	1.100	GISTRAR'S SIGNATURE



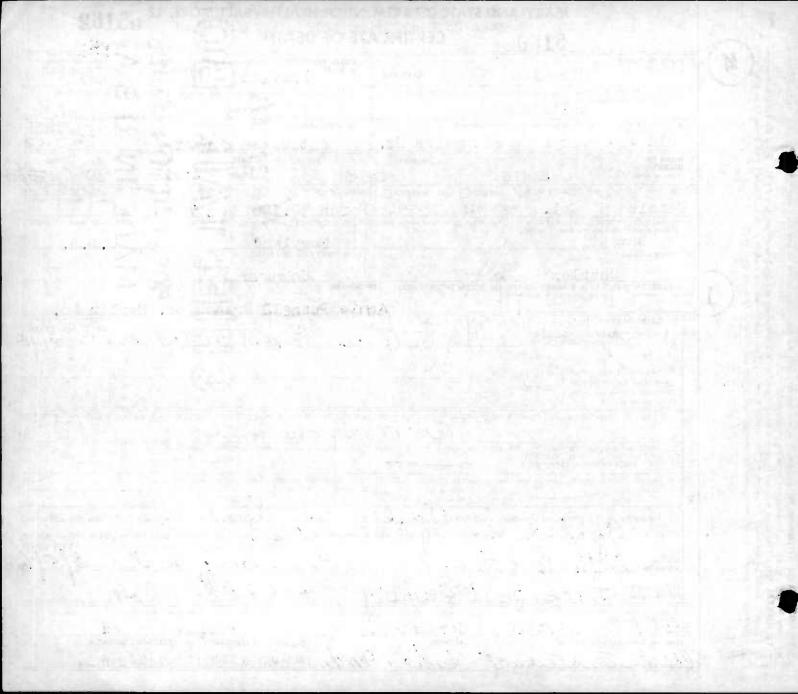
urs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5160 CERTIFICATE OF DEATH

R.

	0.2.00				Keg. Dist. 140.	
a. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary:	ere deceased lived. If institu b. COUNT		ter /
b. CITY OR TOWN (If or RURAL and give neare	utside corporote limits, write est town Salisbury	c. LENGTH OF STAY IN 16	0. 0.11	utside corporote limits, write	in. Maryland	23X-2
OR INSTITUTION	(If not in haspital, give street cest home Fi	The same of the sa	d. STREET ADDRESS	ter/Styget	Branch St. ON YES	A FARM?
B. NAME OF DECEASED (Type or print)	First Sadie	Middle St	nith	4. DATE MCOF DEATH Apri	I Day	Yeor 19 #6-6
Female 6	COLOR OR RACE 7. MARR		B. DATE OF BIRTH March 30.19	9. AGE (In years last birthday) 3-9 yrs	Months Days Hour	
Oa. USUAL OCCUPATION during most of working DOMES  3. FATHER'S NAME	life, even if retired)	KIND OF BUSINESS OR INDU	Marylar  14. Mother's Maiden N	nd	12. CITIZEN OF WHAT	COUNTRY?
Cha	arles Sel	by SOCIAL SECURITY NO. 1	Unkno	own	dress	
Conditions, if any, gave rise to imm cause (a), stating the lying couse last.	ediate (		sur Cosp	Branch St lis Vaseulor	Berlin Me	
5		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	PERI	S AUTOPSY FORMED?
	JNDERLYING   20b. DESC CAUSE OF DEATH DICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in F	'art I or Port II af item 18.)		_
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. It While at worl	Not while fas	ACE OF INJURY (Hame, farm ctory, street, affice bldg., etc.		(County)	(Stote)
21. I certify that olive on	Herbert D	70		M from the causes a ADDRESS (Street, city ar Jown		
Page BURIAL, CREMATION, REMOVAL (Specify) BUTIAL	22b. DATE THEREOF 5/4/1960	22c. NAME OF CEMETERY O	1	22d. LOCATION (City, town	or county) (St	rate)
3. FUNERAL DIRECTOR'S S		ADDRESS	24a. REC'I	D BY REGISTRAR 24b. REC	GISTRAR'S SIGNATURE	
lant ment	STRIVEST	Stalle	THO, DATE M	AY 9 '60   C	Dribur & Keaus	



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND STATE OF DEATH

65163

	V. PLACE OF DEATH o. COUNTY Wicomic	00	MARYLA	- 11 0	STATE Mary		lived. If institution b. COUNTY	on: Residence b		sion)
1	b. CITY OR TOWN (If outside corpo RURAL and give nearest town)	rote limits, write	c. LENGTH OF STAY IN	1b c.	CITY OR TOWN (IF		ote limits, write R	URAL ond give	nearest town	n)
	Salisbury		30 days		Pocomol	ke		of:	e. IS RES	IDENICE
1	d. NAME OF HOSPITAL (If not in h				. STREET ADDRESS	ale Chas			ON A	FARM?
1	Deer's Head St				-	ak Stre				
	DECEASED (Type or print)	First William	Middle Burto		Smith	4. DATE OF DEATH	Apr	il	14	Year 19 60
	s. sex Male  6. color o		RIED NEVER MARRIED  ED DIVORCED [		/1 /1885		9. AGE (In years lost bythdoy) 75 yrs.	Months Doy		Min.
	10a. USUAL OCCUPATION (Give kind during most of working life, even Will WORK	10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)			1. BIRTHPLACE (Stor		untry)	12. CITIZEN	OF WHAT C	OUNTRY?
	13. FATHER'S NAME		Mill work	14.	MOTHER'S MAIDEN			001		- 7.
-	John Smitl	1		000	Martha	Bishop				
	16. WAS DECEASED EVER IN U. S. AR/	dates of service)	SOCIAL SECURITY NO. 18-14-1381	17. INFORM			Hospital	"Record	ls	
	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICATION OR CONTRIBUTING CAUSE (IF ETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE (IF ETHER) (IF THER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE (IF ETHER) (IF THER) (IF THER	DUE TO  (b)  DUE TO  (c)	Bronchopneu		RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1(c	PERFC	
		G DEATH MINER) 20b. DES	CRIBE HOW INJURY OCC	URRED. (Ent	er nature of injury in	n Part I or Part	II of item 18.)	(3.31)		
	20c. TIME OF INJURY Month, I	While			F INJURY (Home, far treet, office bldg., e		or town)	(Coun	ty)	(State)
	21. I certify that (I) (this has the deceosed alive of 220. SIGNATURE	April	14 19 60, ond th	nat deoth	OCCUFFED OF 2:4	O A · M · MED. DIRECTOR	April 1 the causes an	d on the do	ote stoted	b. DATE SIGNED
	Ц.	V. Maldve	M. D.	PV OF X DK			pital; S		y, Md	
•	REMOVAL (Specify)	6-60		otist		-	moke Ci		rvla	
	24. FUNERAL DIRECTOR'S SIGNATURE	1	ADDRESS	3200		C'D BY REGIST	RAR 2Sb. REGIS	STRAR'S SIGNA	TURE	
	Hinry Trua	son	Pocomoke	City.	Md DATE	APR 18'	60 0	Lithun S. 1	Trans	

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5169

**CERTIFICATE OF DEATH** 

Reg. b/s5164

1. PLACE OF DEATH a. COUNTY Wicomico		MARYLAND	a. STATE	b. COUNTY	
b. CITY OR TOWN (If autside carporate RURAL and give nearest tawn)	e limits, write	c. LENGTH OF STAY IN 1b	V	outside corporate limits, write	IICOMICO RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION Marylar	tal, give street a	oddress)	d. STREET ADDRESS 6 Maryls	and Arranua	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle	Lost Lost	4. DATE Mg	
(Type ar print) Willia	m	Henry	Smithers	OF DEATH April	23 1960
s. sex Male  6. color or R. White	WIDOWEL	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH Feb. 18.187	9. AGE (In years last birthday) 7. 83. yrs.	
10a. USUAL OCCUPATION (Give kind of v during mast of warking life, even if re Retired Engineer	tired)	ailroad	JSTRY 11. BIRTHPLACE (State Delawa)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN		1 000
William H. Smit	hers		Josephine	e Saxo	n
15. WAS DECEASED EVER IN U. S. ARMED (Yes no. or unknown) (If yes, give war or dat		6 07 7600	informant Lillie May S		lmar. Md.
Canditions, if any, which gave rise to immediate cause (a), stating the under: lying cause last.  PART II. OTHER SIGNIFICANT  OR CONTRIBUTING CAUSE OF DE UIF EITHER, NOTIFY MEDICAL EXAMIN	(c) A S	terioseker	T NOT RELATED TO THE TERM	ershized.	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ATH	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Haur a.m. p.m.	Year 20d. IN While at wark	Nat while fo	LACE OF INJURY (Hame, farr actary, street, affice bldg., etc	n, 20f. (City ar tawn)	(Caunty) (State)
21. I certify that I attended alive an 4-2-3  ACTUAL SIGNATURE  PHYSICIAN'S	the decease 196	d fram System of another death	h accurred at		nd an the date stated above pare signed for the date stated above pare signed for 23 - 6
PAME (Type) 2 20 DATE THE REMOVAL (Specify) 4-2	,,,,,,,	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town,	ar caunty) (State)
23 JINERAL DIRECTORY SIGNATURE	l Co	- Delmo	24g. REC DATAPI	D BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE

	01	Ame Evant		- Vicenice -	
			Treet DE	Tomi 41	
	Ilraga P		rgnall.	mattity	
		EDI. 1878			4
			intlroad	recolum berli	
		- Pure pin Lag		office of marcon	
	enica , enhalt	The yell billin	0697-20-924	tion ton the time took	
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*	300			77.77 7 12.77	
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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

65165

					Y		
1	a. COUNTY	AMICO .	MARYLAND	2. USUAL RESIDENCE (V		. If institution: Residence	e before admission)
T	b. CITY OR TOWN (If a RURAL and give near	outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (N	outside corporate lin	mits, write RURAL and gr	we nearest town)
	SALIS	0 17 0 31 1		1 BE	RLIN	2.	3X-2
	d. NAME OF HOSPITAL	(If nat in haspital, give street	t address)	d. STREET ADDRESS	0-		e. IS RESIDENCE ON A FARM?
4	VENGE	NERAL HO	SPITAL	WG5	T 37		YES NO X
3	B. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
	(Type or print)	ERNEST		30N	DEATH	MPRIL	19 1960
5	S. SEX	COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	Link days	YEAR IF UNDER 24 HRS. Days Hours Min.
-	M	V) WIDOW		14 AR. 24,1	887 7	yrs.	7007
1	<ol> <li>USUAL OCCUPATION during most of warking</li> </ol>	(Give kind of work done 10bg life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 113 BIRTHPLACE (Sta	le ar foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
-	FARME	R	HICKEN	MARY	LANDIN	VIC. Cor)	J,S,H,
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
1	JEORGE	STEPHENS	OH	MAGG	IE SMI	TH	
1	S. WAS DECEASED EVER I	N U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. I	NFORMANT	P-01	Address	M.
X	1/0	100 2	13-24248 33 11	R. TAUL A	JIPGHE 1	120 N DEV	elix IID
		Enter only one couse per     WAS CAUSED BY:	line far (a), (b) and (c).]	C.	- 0		ONSET AND DEATH
		MMEDIATE CAUSE (0)	ute rumon	any Colem	ac leu	asanka	Ihour
	TLO.	DUE TO	7 1	0 -1			23/
1	Canditions, if ony gave rise to imm		ule cona	my saven	work	/	3 years
1	couse (o), stoting the			0	. U. R.	03000	
	lying cause lost.	) (c) (c)	CONTRIBUTING TO DEATH BU				1(a) 19. WAS AUTOPSY
	PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	I NOT KELATED TO THE TEK	MINAL DISEASE CON	IDITION GIVEN IN PART	PERFORMED?
	O ACCIDENT WAS	Colores El 200 DE	a meno	and .	- D L D H of	14-m 10 1	YES NO
	PART II. OTHER	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRI	D. (Enter nature at injury i	n Part I or Port II or	item 15.)	
	20c. TIME OF INJURY		£ -	ACE OF INJURY (Hame, fa	rm, 20f. (City or to	wn) (Co	ounty) (State)
	Haur a.m.	19 While of wo	e Not while ork of work				
	21. I certify that	(I) (this haspital) atten	ded the deceased from.	Jun 1	955 to ges	u/9 196	that (1) (we) last
	saw the decease	d alive an age !	1960, and that	death accurred a	M, from the		
	22a. SIGNATURE	100 a. 10	Poblinia	ATTENDING	A.	AFF	2b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	terman	A. Robbin	22d. ADDRESS	Berl	in hi	d.
1	23a BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY	R-CREMATORY	23d. LOCATION	City, town, or county)	(Stote)
	DURIAL	14/22/60	NEW >	OPE	WILL	ARPS	MP
12	24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	m 250. RE	C'D BY REGISTRAR	25b. REGISTRAR'S SIG	4 .
	Janua 3	· Journay	a perin	DATE	MPR 26'60	Carthur S.	though

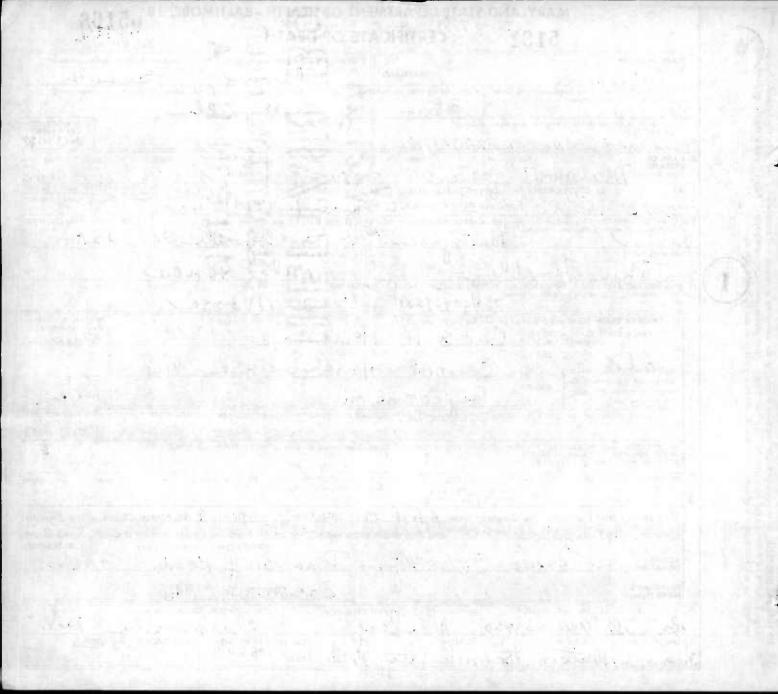
the state of the s MINISTRAL PROPERTY OF THE SECOND The way to the manual along a local and the son whenthe level it then the said Comment delicente of the Relience of you Estavan Franciscolos. the matter last to be proper and a series PERMANA AMERICAN PROPERTY OF PERMANENT PORTY 12 Let y 124

TO HOS I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 after death. Page 4 may be required by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 brans after death.	
TO HOS LOR ATTENDING PHY	TO FUNERAL DIRECTOR: After this opage 3 should be detached for use the registrar prior to buriol, cremat	/

VS A15 (4) 15M 9/58

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5163 CERTIFICATE OF DEATH v5166

3103	CERTIFICA	ALE OF DEATH	Reg. D	ist. No.
1. PLACE OF DEATH a. COUNTY W/COMICO	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE	b. COUNTY	nnce before admission)
b. CITY OR TOWN (If outside corporate limits, write SALISBURY	3 Purs.	c. CITY OR TOWN (If outside co	proprote limits, write RURAL and	46X-3
d. NAME OF HOSPITAL (If not in hospital, give street or institution fewers the fewers to	HOSPITAL.	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Margaret	Jean 7	INDLEY 4. DAY	ATH APRIL	Day Year 1960
remake NEGRO WIDO	WED DIVORCED	Sunc 9-1919	9. AGE (In years left UNDE lost birthday) 40 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	Bultry Pressur	lay Selby	relle, Del. 12. CIT	U.S.A.
13. FATHER'S NAME John Jindl	ey 1	1 14. MOTHER'S MAIDEN NAME)	Hines	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 11	Vera M	Address	
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under:  DUE TO	line for (o), (b), and (c).] Lerebral	temarkage Arteniosalero	sis and	INTERVAL BETWEEN ONSET AND DEATH STORY
Lying cause lost.   (c)	SCONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or	Port II af item 18.)	
Hour a.m. Whi	· · · · · · · · · · · · · · · · · · ·	ACE OF INJURY (Home, farm, 20f. (ctory, street, office bldg., etc.)	(City or town)	(Caunty) (State
21. I certify that I attended the deceralive an April 19 , 19  ACTUAL SIGNATURE	/	accurred at 12 P.M. fro	om the causes and an the street, city ar tawn, state)	
PHYSICIAN'S NAME (Type)	0	Solisbur	4. Md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF SEMOVAL (Specify) Opv. 23,196		y c	CATION (City, town, ar county)	Del.
23. FUNERAL DIRECTOR'S, SIGNATURE  Lensy 12. Walson Poc	ADDRESS City	DATE APR 2	GISTRAR 246. REGISTRAR'S S	IGNATURE .



DATE APR 6

(Stote)

certificate

death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ATAGORO BIADRICAS LAGIS A STATE OF THE STA Leas William David Hame Tenne Samuel Miles established Table 1921 Miles established A CONTRACTOR OF A CONTRACTOR O EDENTIFICATION OF THE COMMENT OF THE PROPERTY OF THE PROPERTY

VS A15 (4) 15M 9/58 M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

.5165 CERTIFICATE OF DEATH

Reg. Dist. No. 8

/2 Sali /d. STREET AD 509 Lost DATE OF BIRTH 3/9/188 Y 11. BIRTHPLA Mar 14. MOTHER'S /	Rose S  Rose S	Street  4. DATE OF DEATH  9 foreign cou	olcs Add	IF UNDER Months  12. CITI	Day 27 1 YEAR III Days ZEN OF V	YES YOUNGER	DENCE FARM? NO Name of the control o
Lost  DATE OF BIRTH  3/9/188  Y 11. BIRTHPLA  Mar  14. MOTHER'S  JO  DRMANT	Rose \$  86 ACE (Stote or yland MAIDEN NA osephin	4. DATE OF DEATH  9 r foreign cou	AGE (In years lost birthdoy) 74 yrs. http://orchite.com/	IF UNDER Months  12. CITI	Day 27 1 YEAR III Days ZEN OF V	YES YOUNGER HOURS	ear 9 60 24 HRS. Min.
DATE OF BIRTH 3/9/188 Y 11. BIRTHPLA Mar 14. MOTHER'S /	36 ACE (Stote or cyland MAIDEN NA	of DEATH  9 r fareign cou	AGE (In years lost birthdoy) 74 yrs. http://orchite.com/	IF UNDER Months  12. CITI	27 1 YEAR II Days ZEN OF V	F UNDER Hours WHAT CC	9 60 R 24 HRS. Min.
3/9/188 Y 11. BIRTHPLA Mar 14. MOTHER'S / JO DRMANT	36 ACE (Stote or yland MAIDEN NA	r fareign cau	oks    Oks   Add	Manths 12. CITI	ZEN OF V	WHAT CC	Min.
Mar 14. MOTHER'S /	yland MAIDEN NA Sephin	me Fo	olcs Add	Iress	JSA		DUNTRY?
JO	sephi	ne Fo	Add				
DRMANT			Add				
	Woods	, 509					
1			Rose Dt		lisb	arv.	Md
				VEN IN PARI		PERFOR	MED?
OF INJURY (H y, street, office	Hame, farm, bldg., etc.)	20f. (City o	r town)	(0	Caunty)		(State)
ccurred at_			ie causes an	nd an the		stated	
Main St	., Sal	lisbur	y, MD.	~~			
REMATORY Park	2				nd	(State	1
		BY REGISTRA	AR 24b. REGI	ISTRAR'S SIC	GNATURE		
E E Y	OF INJURY () OF IN	OF INJURY (Hame, form, , street, affice bidg., etc.)  1900 ta Jacurred at Alain St., Sa  REMATORY Park  24a. REC'D	OF INJURY (Hame, form, 20f. (City of, street, office bldg., etc.)  Courred at ADDRESS (Street, Street,	COF INJURY (Hame, farm, street, affice bldg., etc.)  OF INJURY (Hame, stre	COF INJURY (Hame, form, street, affice bldg., etc.)  OF INJURY (Hame,	Control of injury in Part I or Part II of item 18.)  OF INJURY (Home, form, 20f. (City or tawn) (Caunty)  of injury (Home, form, 20f. (City or tawn) (Caunty)  of injury (Home, form, 20f. (City or tawn) (Caunty)  of injury (Home, form, 20f. (City or tawn) (Caunty)  of injury (Caunty)  o	OF INJURY (Home, form, 20f. (City or town)  (County)  (Application of the causes and an the date stated and an account of the county of the coun

VS A15 (4) 15M 9/58 6.0

	MANYLAND STATE DEPARTMENT OF HEALTH-	-BALTIMORE, 18	
	5 CERTIFICATE OF DEATH	1,5169 Reg. Dist. No.	
	1. PLACE OF DEATH O. COUNTY O. STATE O. STATE O. STATE	e deceosed lived. If institution: Residence before admission) b. COUNTY WORCESTER	1
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ide corporate limits, write RURAL and give nearest town)	7
3	d. NAME OF HOSPITAL (If not in Aspital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	e. Is RESIDEN	ICE
N	Terringula General Nospital RFD. 2	ON A FAR YES X NO	
	3. NAME OF DECEASED (Type or print) Olbert Washington Washington Washington Washington	DATE Month Day Year OF DEATH () 9 - 19 (	61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH		HRS.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or F		JTRY?
	FARMER FARMING MARYL	AND USA.	
	13. FATHER'S NAME  PETER E. WARREN  ARKANSA		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT    Yes, no, or unknown	AddresRFD 2	
	NO - 217-36-0853 MRS MARY H. W	IARREN, HOCOMOKE CITY, V	71
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) ONCOUNTED LINE LINE  IMMEDIATE CAUSE (o) ONCOUNTED	INTERVAL SETWEI	EN TH
H	Conditions, if ony, which)  DUE TO  Pure Vond  Apricality	Surella	^>
	gove rise to immediate couse (a), stating the under DUE TO	5,110,0	
	lying couse lost.  (c) Empurement medicalization  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	IN DISEASE CONDITION GIVEN IN PART 1(A) 19 WAS AUTO	DPSY
1	13 The accolony and RU+RM. Colectony 2-27-60	PERFORMET YES NO	D?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL  Thomas Long and RU+RM. Policy 2-27-60  20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	t   or Port    of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While of work of	20f. (City or town) (County) (S	Stote)
		April , 1966that I last saw the decen	
	alive an 9 Hp. 1960, and that death accurred at 199 M,	, fram the causes and an the date stated ab DRESS (Street, city or town, stote) DATE SIG	
	SIGNATURE Joseph C. Fizgerell M.D. 707 Co	amden Ave	
	PHYSICIAN'S JOSEPH C. Fitzgerald Salisbu	ry, Md.	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22c.	POCOMOKE C'N MARYLAI	Ni
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS TOCOMORE MAY DATE MAY	BY REGISTRAR 246. REGISTRAR'S SIGNATURE 5 '60 Orthur S. Kinns	

TO HUSBEAT OF BEST OF -122 July 129 Entragement Control of BANKSHAR ALICENSE OF THE SERVICE AND IN

5181 **CERTIFICATE OF DEATH** Reg. Dist No.71 with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY Wicomico MARYLAND Wic omico Marvland b. CITY OR TOWN (If outside corporate limits, write unerol c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) ploods Life Willards Willards d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO XX NAME OF 4. DATE First Middle Lost Month Day Yeor OF DEATH 1960 WILKINS April Fille CHARLES 13 (Type or print) ELMER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 1889 DIVORCED | Male White WIDOWED | Aug. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Poultryman Own place USA Maryland carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion Unknown Unknown move hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Maude P. Wilkins, Willards, Md. please 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET/AND DEATH PART I. DEATH WAS CAUSED BY: aprilisa IMMEDIATE CAUSE (o) DUE TO þ Conditions, if ony, which gove rise to immediate DUE TO cause (o), stating the underlying couse lost. buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) foctory, street, office bldg., etc.) Hour -a-m Not while of work of work 13, 1962 , that I last saw the deceased 21. I certify that I attended the deceased from \_\_\_\_, and that death accurred at 2 1 20 MM, from the causes and an the date stated above. alive an CTOR: ADDRESS (Street, city or town, state DATE SIGNED ACTUAL DIRE should PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMONAL (Spacify) New Hope Willards, Md. 9 DIRECTOR'S SIGNATI ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 1 8 '60 arling S. Krous

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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24b. REGISTRAR'S SIGNATURE

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23. FUNERAL DIRECTOR'S SIGNATURE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 05172 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If partide corpogate limits, write RURAL and give nearest town) give nearest town) d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T NAME OF Middle 4. DATE Yeor Day DECEASED DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SEX . DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS ofter Months Days Hours DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR' during most of working life, every if retired) 12. CITIZEN OF WHAT COUNTRY? haurs 13. FATHER'S 14. MOTHER'S MAIDEN NAME with 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Addgess 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INPERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Quelys " DUE TO Conditions, if ony, which gove rise to immediate DUF TO couse (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) o. m While Not while p. m. at wark ot work 21. I certify that (1) (this hospital) attended the deceased fram January 1960; that (1) (we) last 1960 saw the deceased alive and and that death accurred at 59 M, fram/the causes and an the date stated above. 22a, SIGNATURE 22b. DATE ATTENDING PHYS. SIGNED DIRECTOR -PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, ME OF CEMPTERY OF CREMATORY 23c CATION (City/ town, or county) (Slote) page the Sta Sb. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR DATE arling S. Thousa

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO 4. DATE OF Month Day Year DEATH - 1960 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Manths 12. CITIZEN OF WHAT COUNTRY?

Address

ONSET AND DEATH PERFORMED?

INTERVAL BETWEEN

YES NO M

(State)

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20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

1960 that I last saw the deceased ADDRESS (Street, city or town, state)

22d. LOCATION (City, town, or county)

24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Kraus

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